What Price Alcohol?

Robert S. Carroll

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WHAT PRICE ALCOHOL?

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What Price Alcohol?

A PRACTICAL DISCUSSION OF THE CAUSES AND TREATMENT OF ALCOHOLISM

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To

STUDENTS OF HUMAN WELFARE

FOREWORD

It has been my lot for over a generation to know through daily association the lives and personal problems of many hundred alcohol-addicts. Most of these were reared in the midst of better surroundings, many of them men and women who had received unusual advantages. My experience with the higher type alcoholic has been revealing.

The picture of the lower classes associated with drink has long been accepted both as a cause and effect of the poverty, ignorance, and misery of their lot. But, and here we pause in wholesome anxiety, the evil is invading not only the finer families but the youth of all classes in our land. In the last decade insurance rejections for "heavy alcoholic indulgence" have increased from 12 to 34 per cent as reported by one large company: one out of three otherwise insurable men and women declined as unsafe risks because of drink. It is the ominous menace to the blood and brain of our civilization which calls for this and every other possible helpful study of the problem.

The long preëmption of the treatment-field by semi-ethical workers has tended to place the care of the alcoholic beneath the dignity of many psychiatrists. The sincere scientific study of recent years makes evident that successful therapy for the ordinary alcoholic demands a catholicity of approach quite beyond the

average psychiatrist's interests and a complexity of treatment not available in the typical institution.

Dr. Neil A. Dayton of Tufts College, under a generous grant from the Rockefeller Foundation, has recently completed a twelve-year survey of certain timely psychiatric problems. Included in his final report is the statement that "more than one-fifth of all United States mental patients are alcoholics." Dr. Dayton firmly believes that liquor makes lunatics, and accuses psychiatrists of neglecting this vital problem.

In the following pages is outlined our conception of varying and deep-seated causes underlying the increasing resort by the sons and daughters of Plenty—living in the midst of unprecedented advantages—to the resultant curtailments of drink. With this is detailed the modern approach to the promising possibilities of re-educational treatment, especially for the difficult pathologic alcoholic. The therapy-approach discussed bears the seal of years of untrammeled application. Its special emphasis on personality-integration presents unique illustrative richness.

I trust that in a subject so fraught with the intensities of intolerance, propaganda, fanaticism, and controversy which embraces the extremes of human euphoria and misery, the pictures drawn from long and specialized experience may be neither so empiric as to weaken confidence nor so scientific as to lose the human touch.

The Author.

PREFACE

Dr. Robert S. Carroll has for years proved his hospital one of the most effective systematic agencies in the treatment of victims of alcohol, along lines that are also his methods and principles in the treatment of the rank and file of mental disorders as he sees them in the axiom: *mens sana in corpore sano*—a healthy person in and through a healthy body. He treats alcoholism as a human problem of health and conduct, with full attention to the whole person and organism of the individual in need of the establishment of a mode of active living and a recasting of outlook.

This country has within the memory of all of us gone through one of the most peremptory rather than constructive experiments, a trial from which we have emerged very humanly and humbly and with the hope that the experience gained from the experiment may yet be rationally and seriously used.

Alcohol is not a safe human food, nor a safe stimulant because of the collateral effects which become real afflictions. It is a social alterative, and like amusement is something sought and apt to be habit- or dependence-forming, but it produces results far more socially and personally lowering than constructive. The balance once disturbed requires reconstruction of individual and social responsibilities demanding time and active practice fully as much as direct advice.

When Mr. Rockefeller sent serious-minded and re-

sponsible inquirers into the field of legislation concerning alcohol in many lands, I hoped that special attention would be given to the regulating care and treatment of the addict and to positive ways of assuring also the "freedom not to drink," after provisions of treatment and prevention have done their share. We have to focus seriously on the human factor by devising forms of recreation and entertainment not dependent on stimulants apt to be depressants of both sense and sensitiveness, that do not require either artificial dulling or stimulation to attain a level of levity conducive to ease.

In our psychobiological laboratory, experiments have shown that our animal of choice, the tame white rat, likes alcohol and when offered it in various concentrations, keeps naturally within the range of what is disposed of in normal digestion for food-value. Unfortunately, man is apt to exploit the collateral effects which we call stimulation and intoxication, or at least facilitation and liberation from tension, which also involve a reduction of critique and responsibility.

The use of alcohol is apt to call for correctional measures and regulations when self-restraint fails, and for conditions and periods of time for training and retraining when habits have to be corrected and self-injury and social injury have developed or threaten. Most people would like to have that done on a simple chemical basis without any call for human effort or interference with ways of living, but in the end we have to appeal to what genuinely assures that individual and social personal participation and practice which we expect of the adult.

Above all things we also have to ask for every possible help toward unchallenged and unembarrassed "freedom not to drink," so deplorably and generally disregarded by the ostentatious and purposeful cultivation of specific drinking parties and the creation of the impression that one is socially obliged to participate without an equal offer of unchallenged and unembarrassed freedom not to drink. To have wide ranges of social contacts based on the deliberate use of alcohol becomes an irresponsible trend beneath the dignity of a practically and scientifically sound civilization. The alcohol-tolerant may enjoy the resulting lowering of standards but the non-tolerant—a fairly large percentage of persons—are put in real jeopardy, some slightly, others insidiously, and many to the point of costly loss of efficiency and dependability and even more costly measures of treatment and rehabilitation.

The present book gives a verbal picture of the theory, practice, and goals of the principles involved. It gives a balanced and eloquent report of the upshot of Dr. Carroll's experience and concepts. It does not merely offer one palliative for another: it asserts in a style that is also the style of the life and practice it is part of, the need of all that science offers. It makes clear the necessity of total abstinence for the addict.

Dr. Carroll and the atmosphere of active life he maintains and his determination to use all that is offered by science and for science are vividly put before us. He brings home the fact that we deal with physics and chemistry and structure and heredity, with human nature and its place and the need of time, and one's use of time and sense and life. The book gives a vivid pic-

ture of the experience and active procedures which understanding and science have proven of value for persons who need an active reshaping and reconstructing of life.

ADOLF MEYER

Baltimore, Maryland

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SECTION I

WHY ALCOHOL?

Chapter I

MAN AND ALCOHOL

Life and Strife.—The measure of a man stands forth in his adequacy. Since the dawn of existence strife has been the law of human progress. One's imagination fumbles in the obscurity of his prehistoric ancestor. An erect man had evolved, distinguished neither by his speed nor physical prowess. Indeed he was inferior to many of his animal neighbors: he could not fly, he climbed awkwardly, he ran leaden-footedly, he swam sluggishly. He had, however, stereoscopic vision, hands of mechanical superiority, and a forebrain developed beyond all other creatures. The adventures of this forebrain become our major theme. It created alcohol. What will alcohol do to it?

We have left those early ancestors groping, dodging the uncomprehended forces of nature and a menacing menagerie about them, hiding in caves, migrating hither and yon, dumbly protecting their ever-threatened lives, experimenting with this food and that; knowing not the cause, the source, the effect of aught about them save as experience punishingly destroyed, warned, taught. The marvel of man's persistence, the miracle of a continuing race, carry a single answer: that enlarged forebrain made him more clever than all else of life.

The Ages of Fear.—About the dawn of civilization an Egyptian Pharaoh returned from an expedition into the land of his neighbors. A meager record breaks into history, "The taxes collected include 51 slaves, 470 jars of honey, and 6228 jars of wine." *The Golden Legend* would credit the first making of alcohol to the Arabs; the Egyptologist reveals its use in far earlier times. How interesting the spoils of this Pharaoh's foray—slaves, of course, but only honey and wine besides, two carbohydrates, one feeding, the other offering some of nourishment but much more of solace and seduction to that remarkable forebrain. So Pharaoh chose, even as you and I, while the gray dusk of primitive ages brightened into the dawn of recorded civilization.

Individual differences based upon personal adequacy, the capacity to adjust to immediate surroundings, and in rare instances the ability to adjust to future needs, have made for that incomparable scale of human kind from the dullard to a Savior. That factors have entered to dispute the uniform progress of our race is obvious. The study of a thousand quail, of the separate fish in a run of multiplied thousands of salmon, will reveal individual differences relatively slight; while a cross section of a village in remote Africa, of an inland town in China, of a European city, emphasizes the sliding scale of humanity from slave to headman, from idiot to bishop. The wisdom of Solomon added to humanity's wealth of knowledge thirty-five centuries ago. Since his day a few score like him outstanding have appeared. Why the uncounted millions of scurvy weaklings?

Long were the ages of fear, dark ages, with power vested in the hands of the few and the masses plodding,

serving, dully existing, periodically ravaged of the little they possessed, with life itself ever precarious—epidemics, war, pillage, the lurking enemy. These ages were dark with ignorance and fear. The total absence of the knowledge of the chemistry of life left man omnivorous in his desires, the sure victim of his appetite; while in the effects of drugs he sought for aught which might change even for the hour brooding apprehension and dread, the hauntings of suffering, and which might foreshorten the ravages of poverty into tranquil oblivion.

Instinct teaches the mother quail as she leads her brood in search for food; the depths of the sea offer the shoal little other than the food of their needs; but through countless centuries man has been experimenting with ten thousand types of food and drugs to his sad undoing. Today, the family is exceptional and the race unusual in which the majority are not at some time sufferers from some form of damage to that priceless gift, the forebrain. The average citizen of most lands is in some degree neurotic—and let us know that when the psychiatrist uses this term he implies disturbance of brain-function. It is that central organ which is affected in all types of abnormal mental reactions or nervous inadequacies. There are many who believe that alcohol has played the major rôle in degrading the ranks of our kind from uniform efficiency to varying degrees of ineffectives and defectives. Others will say that syphilis has been the damning scourge. I would write that even greater numbers are inadequate to the opportunities of existence because of inherited or acquired self-poisoning due to chemical

harm resulting from ignorant or intemperate eating habits. Later pages will be used to support this teaching, and often the reason for the damaging effects of alcohol will be traced to a handicapped central nervous system passed on by forbears, unknowing or reckless in their choice and use of food.

So today I write of a toxic-tainted humanity, naming food-intemperance as the archenemy, alcohol as its viceroy, with syphilis and a hundred other infections trailing. We think, however, of the ages of fear as those in which the damage of alcohol grew apace as its deceptively soothing touch transmuted the wretchedness of reality into the fool's gold of phantasy.

As Knowledge Becomes Power.—Today, we would think of mankind as a maturing race. The semihelpless dodging from tree to rock to hiding place, the millennia when the masses were dominated and held mentally, if not physically, enslaved by those in power, are near forgotten since the accurate revealings of science are brought to the simplest home on the printed page, on the flashing screen, by word of mouth on the wings of light. Now, as ever, a man is measured by his capacity for accomplishment; his adequacy to meet not the threat of the Unknown, much less, heartless individual dominance, but the gift of opportunity, the possibilities of plenty; his power to lay hold upon the unsounded promises of chemistry, of physics, of electricity, and of mechanics. The Pharaoh of the foraging expedition never dreamed for his gods a hundredth part of the accomplishments familiar to your high-school son.

As has ever been, now is even more so, the hallmark of man's greatness rests in his capacity to adjust, and

modern life demands more and more the ability to meet its mounting requirements and opportunities. Is this kingly attribute to remain the gift of the elect whom the masses can but follow, while into the bottom of the cup drain the dregs of the defectives? And the answer is as the law of the Medes and the Persians. Unchanged by fatuous denials, unaltered by self-satisfying rationalizing, the scriptural truism remains, "Whatsoever a man soweth, that shall he also reap." The relation of the individual to the ever-altering conflicts of existence still abides in the integrity of his central nervous system.

In the last generation in our own land, the eating habits of the intelligent have been modified by the teachings of food-chemistry. We have grown vitamin-conscious. The training table is uncompromising in its demands for food-selection. The statistics of infant mortality show a shrinkage startling almost beyond belief, for babies are being saved with food and no longer fed to death. Expanse of girth, unduly high blood pressure, and deadly diabetes are disappearing through moderated and controlled diet. Tuberculosis and certain anemias, formerly so fatal, are being satisfactorily combatted through wise feeding. But our profession has as yet neglected the nutritional needs of the most important of man's superb equipment for life—his brain. Of such we shall write in helpful detail, I trust, and make plain as well why the majority of our fellow men and unhappily many women tamper with, crave, depend upon, alcohol.

Man's desire for alcoholized drink is rooted deep in antiquity. Its use to the novitiate usually brings hours

of golden unreality, safety for the hunted, forgetfulness for the hungered and suffering, added sense of power to strong and weak alike, and peaceful indifference to the haunting of superstition and the brutalities of realism. Reason enough that individual millions should have sought the surcease of the cup age following age! And in its power to arouse the spiritless, to glorify dead hours, to turn minds and hearts and consciences from endless, helpless hopelessness into fleeting dreams of drugged unconcern, there is reason enough that generation after generation has turned to it as one of the few comforts granted the wretched futility of days. So we accept the individual's blind escape from the throttling, crushing strangle hold of existence.

Had this been all—could this today be all—the story of alcohol would be differently told. If from the beginning of its use each drinker could have known the swift comfort of his cups and wrapped the curse of its fulfillment as cerements to be buried with him forever, we would be living in a more content world and the vast problem of human misery and unhappiness would exist only as a fraction. Wars might never have been fought, countless murders never committed, domestic tragedies would have been minimized, Bedlams today be far less numerous, and crime divided by three. We cannot forego the temptation to quote with partial acceptance the words of the lawgiver, ". . . visiting the iniquity of the fathers upon the children unto the third and fourth generation." This lugubrious threat has usually been applied to the effects of syphilis, but while alcohol as a disease is not passed on from father to son,

drink remains an uncompromising enemy to man's nervous system; and the writer, out of his personal contacts with many thousands of mental and nervous sufferers, is at one with numerous authorities in placing the responsibility for many defective nervous systems upon the shoulders of alcoholic forbears. Ever and again, the family histories of the neurotic patient reveal alcoholic abuse—certainly alcoholic overuse—by one or more ancestors.

And here is disclosed an outstanding reason for human inequality: the inheritance of an inadequate nervous system resulting in the limited mental and defective nervous stability ever present in those lives in which alcohol becomes a problem. We shall seek out and describe in understanding terms the various forms in which this damage is expressed.

In our first classification of the present-day users of this drug, we shall consider but two types. The majority of those whose lives are being complicated by drink are hereditary neurotics who sooner or later are confronted with some sense of inadequacy in school, in love, in business, in society, in competition; even in the spending of a legacy, they fail to measure up to their desires and seek artificial help. From out these emerges an unending list of those whose turning to drink is almost an instinct. Our second group is composed of that minority who without defective heritage, without reason worth mentioning, accept the growing influence of custom and thoughtlessly enter upon the social use of liquor. Their problem will always remain simpler than that of the hereditary neurotic.

In studying its effects we fully agree that the social

cup releases the inhibitions of the shy, relieves the embarrassments of the conscientious earnest, loosens socially-tied tongues, and apparently fires the mind with an unwonted grace of thought and fluidity of speech to emblazon the festive occasion. And in the inevitable strife to hold one's own, emphatically in the mart of competition, as one strains for superiority, the quick-acting, so-called stimulant does seem to awaken latent ability—it certainly hushes apprehension.

Many fine, highly socialized, successful, indeed, brilliant men and women gild the refined gold of their innate qualities and through years of orderly, controlled drinking seem to refute any reasonable challenge that drink has done them harm. These are they of fortunate heritage who are masters at their own table, of their own tempers and passions, who use and never abuse the cup that cheers. Upon their shoulders rests the case for moderate drinking. How remote are these exceptions from the vast many who because of defective heritage struggle through their span in life's conflict submerged, barely making ends meet—the handicapped.

As knowledge has multiplied from the time of our Pharaoh whose wise men studied the heavens with their naked eyes—while today a two-hundred-inch reflector brings those same heavens to our very doors—it has sought out understanding of the reasons for man's use of alcohol through the ages, of what it has done to past generations and is doing to our present civilization. Enlarged knowledge has revealed alcohol's uses and potencies for good, its larger potencies for evil, its

destructive action upon the very centers of intelligence, emotional capacity, and volitional integrity. Hence it is given the scientist, especially the psychiatrist, to speak with heartening authority.

Chapter II

MODERN TENSIONS

Types of Stress.—Ours has been a generation of intensities. The greatest war of all knowledge fired every emotion from beastliness to sainthood; in the years of prosperity every touch turned dross into gold; then came the swift nose-dive of finance into the crash and a decade of straining to restore some semblance of the lost plenty. Simultaneously with all this appeared the first fruits of the sudden power which universal education released to long suppressed masses who knew no pattern of the restraints of finer tradition. Again world safety is threatened from the heart of Europe to the far-flung East. A generation of unprecedented, universal intensity!

This has pervaded business of every sort. It has reëchoed in social life from the country church to the corridors of wealth. No post of responsibility but has felt the threatening grasp which has kept emotions on the *qui vive* and minds protectively taut, for mere position has offered little safety. Domestic peace has too often proven but a shell of fast emptied joys. Once more, education and new emancipating laws have introduced a modernism through which knowledge has truly discounted brawn, and woman has come into her own—into a newness which she yet wears as an un-

accustomed garment. And who will be master in the home? If there be a master, will family life survive? Homes have become stressful—even the physiologic relaxation normally inherent in mating has become artificially minimized because of the growing resentment toward impregnation.

We go to the party. The wholesome social recreations of a short generation ago have faded. The warm social give and take, the spontaneous repartee, the formal dance of dignity, the more social yet still self-respecting ballroom dance, all have lost their charm. The party today is a continuation on through the night of the tension of mart, of curb competition, of strife for position. Life, yet more life, is the demand of entertainment. The dance of princes is giving way to the thinly modified gyrations of the jungle. Concentrated food here, highly spiked drinks there, the weird screech of unmusical orchestras, the raucous squawk of the radio, cigarettes for all between bites and drinks, jokes *risque* and buffoonery unrestrained, —this levity is possible only to minds of lowered standards. The gaiety of the burlesque is a flimsy mask covering lives of doubt and uncertainty, fearful that their very shallowness may be revealed. Laughter at any price! Here is no restoration of energy, no preparation for tomorrow's challenge; tension is becoming habit without which the days are boresome, monotony breeds itself, and fear of emptiness is met with the greater tension of exasperation.

And thus we sketch too many todays. The realization comes strong that from the country boy racing his flivver to town and his sister straining to win an approv-

ing "That's the stuff!" from her boy-friend on their movie date, through competition in the village where church vies with picture show for popularity, on up the scale to the wild parties of city life, to the culmination of artificialities in the colonies of make-believe which engender the forced draught of deadly rivalries, emotional living prevails.

Intense emotional stimulation is constant—not the occasional fear of the slithering reptile or the snarling beast of prey which threatened the life of the aborigine, but the ever more insistent competition in business, in love, in artistry, in sport, in society, in economics. Nations in arms oppose each other; volcanic unrest, the murky first fruit of universal suffrage, threatens every type of government; and institutions of finance know no peace of prosperity. With debunking and devaluating—what securities are secure? Such are the hourly intensities of twentieth-century existence.

Yet through all this high-pressure living, as all emotional living ever is, a repression is demanded which the primal man never even sensed. No community continues without a balancing of give and take; no government endures without at least the semblance of consent of the governed. Criteria of refinement control expression of face, movement of hands, even direct the inflection of speech. Decency, morals, the everlasting mine and thine, shout their edicts of denial more loudly than sacred commands. Each of us accedes to reality and lives under a thousand repressions, either self-imposed as conscientious scruples or in smouldering accord with the laws of society.

So we find our civilization fairly electric with de-

mands for expression, yet bound about by the limitations and restrictions of what we call our standards. And sadly, all these focus their pressure upon our central nervous systems. Our emotions, our decisions, our restraints, our activities, are all products of our brains which too frequently have long been victims of unsensed defect or limitation of capacity. Nor are parents and teachers, those who minister in the pulpit, even the physician whom we consult about our physical and nervous well-being, often able to teach us a saving technique of living.

Then why should we not utilize a comfort which brings relaxation—the so-called stimulant which apparently tunes us up for the evening's hilarity and brings calm for the anticipated business ordeal of tomorrow, which softens for the time the asperities of domestic rivalry, and floats a veil over the impending crisis? Why not alcohol?

Twentieth-century Nerves.—Our clear understanding of the serious theme of our book asks for a few moments of semitechnical thought as we shall later refer frequently to, and speak in detail of, some of the refinements of the mind and its reactions.

Let us consider the distinctions between what are termed the higher and lower nervous mechanisms. We wonder at the kitten, for instance, who soon opens its eyes upon a world of infinite strangeness, but adapts itself to a narrow group of its surroundings in a fraction of the time required by the human offspring. The kitten is soon on its own—sporting, mousing, fathering or mothering, but its adjustment-capacity remains throughout the history of cat-kind limited to habits

unchanged through ancestral ages. We speak of the kitten's knowledge as instinctive and of its reactions as automatic. A study of the cat's brain shows that its association tracts—as the communicating, shall we call them, telephone wires from one part of the brain to another—are simple trunk lines insured through generations of pattern-repetition.

How very different that intricate brain of ours! In addition to the automatic self-protective, self-assertive, self-perpetuating instinct-communication paths of primitive man—similar in type though more complex than those of the kitten—we see evolved uncounted thousands of extension lines, like a telephone system which links separated hamlets and countless isolated homes into one far-flung system of intercommunication. So the association brain tracts of modern life are infinite beyond reckoning; and upon these depend the accumulations of memory, the niceties of thought, the computations of the astronomer, the ideals of the poet, the certainties of the chemist, the larger and ever greater constructions of the engineer. Human intelligence unfolds apace. Here is no animal-born limitation, but—and now we must pause in thoughtful seriousness—all that civilization has added to the animal-instinctive is new, is tenuous, is hypersusceptible to chemical injury. Its maintenance calls for adequate oxygen—yet not too much, for simple food—indeed the simplest of foods. The brain utilizes only modified carbohydrates, the sugar and starch group as we know them. It has no defenses comparable with those of the more rugged bone, muscle, and skin tissue. And alcohol is its archenemy.

We see on every side the irritating effects of food- and drug-damage. Many are chronically excited. High-tensed children and women especially, through all waking hours are incessant in speech, in action; their slumber is even distressed by twitchings and moanings, and they know not the balm of refreshing sleep or the safety of quiet days. Theirs are lives of perpetual emotional intoxication. Their maturity does not attain the normal balancing development. It remains excitable and emotionally overactive, as hypersensitive to discomfort and overenthusiastic in pleasure as highly wrought childhood—emotionally unchanged from puberty to mid-age. This is well expressed by Charles H. Durfee, "What is child-like at four or fourteen becomes childish at forty, and gets the individual concerned into serious difficulties when he is confronted with the demands of adult life." [1]

These highly-wrought stand out conspicuous among our friends—charming at best, yet sooner or later problems in their own homes. Emotionally unstable, their days are like April weather, unpredictable—gusts of tears, splotches of sunshine, the chill of disapproval on the heels of the warmth of pleasure-response. Preferable, these cyclic ones, to the perpetual grouches whose moods swing ever into twilight tones! We have but touched the major varieties of those whose heritage leaves them unmoored, we may say unmoorably emotional in their home life, at school and college, yes, even in their religious training.

[1] Durfee, Charles H.—*To Drink or Not to Drink,* p. 103, Longmans, Green and Co., 1937.

Emotional education has been unthought and untaught. Overpotent feeling-imbalance adheres untutored. Ever and again the problem of alcohol is interwoven with the individual's affect-life. Carefully as we train toward intellectual attainments; remarkable as our high-wrought children may be between their explosions of temper and hilarious, uncontrolled expressions of pleasure, their dammed-up resentments, morbid fears, religious phantasies, and sex-seeking, sex-avoiding daydreams; conspicuous as they may be in their capacity to lead their classes, to attain the honor roll, to appear on the dean's list, to become president of this or that, to occupy a chair on the college faculty; —they all remain psychologic children unless emotional maturity is acquired. No influence so persistently, so acid-sure, etches into stability as the insistence of perverse emotions. No ebb and flow of the tides of life so undermine the guiding, saving faculties of reason as ungoverned emotional thinking.

A few words not in threat but of sobering reality concerning these twentieth-century brains. We have asserted that strife is the law of productive life. We have spoken of the complexity, of the stress, of today's intensities. We know that the psychoneurotics—the psychasthenic, the hysteric, the neurasthenic, chronic victims of compulsion and of carping anxiety—mingle in our midst by the thousands, outstanding types of nervousness. Removed from that midst, secluded behind the walls surrounding psychiatric institutions, occupying more hospital beds than are utilized by the combined surgical, obstetric, medical, and pediatric services of the country are those in whom the central

nervous damage has reached a degree so modifying conduct that isolation for the protection of the individual or society is demanded. Fourteen per cent of these psychiatric admissions bring with them a history of alcoholic damage. In a single general hospital—the greatest of New York charities, Bellevue—12,000 alcoholic patients a year are received. The distraught, emotionally inadequate flock to the surcease of alcohol.

Seeking Relief.—I trust that we already sense an understanding sympathy in this approach to the question *What Price Alcohol?* We are forced to realize that the majority of those whose lives are discounted through indulgence are the victims of a heritage for which they are in no wise responsible; theirs are nervous systems more or less out of tune with the possible harmonies of life. It is startling to think that in our land one out of three whom we meet is incapable of continuing any form of alcoholic usage without courting a very present danger of being damaged or wrecked by its potency.

Let us now turn coldly scientific as we look behind sun-kissed champagne, the blood of the grape, the heartiness of ale, beer, and mead, the clinking tempo of the social highball, the fragrant pungency of the mint julep, and the bold aggressiveness of hard liquor. The basic reason for the use of any or all of the hundred forms of drink—whether fermented, distilled, or factored—is the drug alcohol and alcohol only. In the 4 per cent mild beer to the 10 per cent light wines, on up through the stronger distillates, the 45 per cent whiskies, 50 per cent brandies, 60 per cent cordials, the allurement is identical—alcohol. The amount of this

drug in a stein of beer is no less than that in the Britisher's whiskey and soda. "He only takes beer or wine," will ever stand for ignorance or subterfuge, for it is always alcohol he is seeking.

The second and much more important physiologic finding—one which the average drinker will deny, asserting that his own experience refutes it—is that alcohol is never a stimulant but always a narcotic. Scores protest:

"Why is it that when I am tired it refreshes me?"

"It gives me assurance when I am uncertain."

"It fortifies me against a dozen difficult situations."

"It restores my spirits and sweetens my temper when I am not fit to live with."

"It adds a pleasant taste to the brackish morning hour."

"Yes, doctor, in every way it lifts. Surely, it is a stimulant!"

But unemotionally, unsympathetically, the student of mind and body responds, "You have been drugged—not lifted."

The sense of tire was a warning of overuse or abuse asking for food, rest, or change—a helpful warning. Your uncertainty was based either on overconscientious earnestness to do your best or unpreparedness to decide. The protective instinct of caution was put to sleep, and you faced the crisis without its counsel. The situation is difficult. Being so, it should have the benefit of your best judgment. Alcohol falsifies the balance of your abilities, and the instinctive desire for superiority asserts itself, and you are fortified by a drug-bought conceit.

Again, your oversensitive nervous system would tell you that it is being wrongly nourished, but the narcotic quickly flooding the blood stream befogs the reality of your nervous state. The warning is sandbagged into temporary quiescence. Your temper is edgy. Perchance your breath is offensive. Your colon swarms with the bacilli of decomposition. What is sweet within you? Alcohol whips up nothing, stimulates nothing. It slips roseate glasses over eyes to refute the truth, for alcohol's power over humankind is its fateful capacity rapidly and effectively to change the emotional tone from minus to plus, from depression to exaltation, from apprehension to confidence, from fear to recklessness. But every step of this change is a falsifying of things as they are, a substitution of things as we would wish them to be. With too many of us the following of desire and the sidestepping of duty have evolved a background of undesirable tension. We do not want to know ourselves as we are, and here is a drug which, for the time at least, allows that which we would be to pretend that it is.

Thus how easily the habit of alcoholic indulgence may become assertive! Fatefully, the need of a pick-me-up, first limited to the before-dinner cocktail, creeps back into the day calling for the "nineteenth hole," growing into a midafternoon slipping from the office, becoming a luncheon requirement, asking for a hip flask that at any hour of drooping ability or sagging sensation the false boost may be swallowed. Finally the day cannot be started decently without its one, two, or more eye-openers. Now the relief-seeker has become a regular drinker, and one out of three of these

is foreordained for early labeling as a drunkard.

Those of a diverse nervous inheritance express their need for artificial relief in the form of spree-drinking—a Saturday night forget-it-allness, a monthly menstrual discomfort-allaying saturation. The periods vary from a short bender to the prolonged bouts of the narcomaniac who drinks himself into bestiality, the gutter, the calaboose, the brothel, or whatnot, once or twice a year; when he souses self with any old kind of liquor so long as it contains alcohol, and wallows in his vomit until the anesthetic action fails and the revulsion of abused organs produces acute physical wretchedness.

The habit of artificial assistance—artificial, mark the word—begins with many in response to a sense of need for an early morning change in feeling. It is coffee, stronger and stronger, more and more frequently, with some; multiplied cups of tea with others; caffeinized drinks at the soda fountain or easily available in the home refrigerator; and the rapidly growing resort to nicotin. Let us look straightway at the penalty of all this. The coffee, the tea, the caffeinated drink, the cigarette, or other form of tobacco—each is a drug purveyor. Each, so far as it changes the body-sensation from discomfort to any degree of tranquillity, is artificial, and each carries its penalty. In a later chapter we shall discuss the *why* of this more fully.

We thus see that many are born nervously inadequate to meet their portion of modern tension. Difficulties of whatever sort—fear, acute or chronic in the form of apprehension or worry; the tensions of self-restraint; the sense of insecurity or dissatisfaction; the

portent of emptiness, resentment, injured pride, or threat of failure; the cloying, the disheartening, degrading inner conflicts—prove too much to face. Yes, for each of these—just 'round the corner, in the next room on the sideboard, in a hundred well-known places—are bottled hours of relief. And why not?

Chapter III

SELF AND REALITY

The Wish-life.—It is but reasonable that life provide relief from its own intensities. The pattern is stamped deep upon the average nature by childhood's days—those years before responsibility's grip is felt, during which in most lands parents, brothers, and sisters spontaneously contribute to emphasizing the naturalness of make-believe. Even the least imaginative girl copies her mother by planning housework and caring for her dolls with maternal seriousness; while the boy of alert imagination is a great soldier, a masterful leader, rich beyond princes. So childhood's days are woven from dream-hours. Unfortunately, day-dreaming may not be dispelled by sterner stuff, but may fasten itself upon the immature mentality, and the playroom personality remain an integral part of the character of years to come.

Sleep, normal or disturbed, is the natural mechanism through which we all discard reality as we slip off the garments of the day, and mentally wander afield uncluttered the while by burdens of responsibility. Few peoples, and least of all our own, but find many opportunities in the multiplied amusements which have been devised to loose from time to time the leash that binds us to duty. Many of these are

wholesome sports that utilize muscle and renovate nervous tissue. Larger groups indulge in a vicarious displacement of anxiety through the romantic experiences of the hero and the final escape of the heroine, as on stage, screen, or from the printed page they follow the fortunes of make-believe. For favored ones, music exalts through the richness of its kaleidoscopic emotional colorings from the sturdy martial front to the pathos of a final sigh. For those with ears attune, reality seeks no finer releasing. But much of this is too insipid, too tame; indeed it fails to strike off the shackles of intensity and divert the minds of the more literal reckless. For them it takes the gaming table, stud poker, playing the races, and throwing dice with Lady Chance to loosen emptiness or the grip of tensions. Friendships, the game of love, love itself; and for millions the promises, the hopes, and the benedictions of religion;—all offer relief from household cares, business responsibilities, professional duties, inadequacies, impending failures, anxiety for health, disappointments, and losses. Truly, we have about us innumerable avenues of undrugged relief from life's intensities.

As a psychiatrist who has long chosen the habit of facing reality as a sound basis for mental supremacy and emotional integrity, I write of daydreams thoughtfully. We have seen them to be the right of childhood. We recall their leadership during the early days when ideals grew in us and idealism had not yet suffered the revelations—possibly the shrivellings and warpings—of midday. Our heroes were souls of honor; the women of our choice beautiful, kind, and noble; our

standards were knightly, and our ambitions soared to heights which were to prove unattainable. When puberty invades, the load becomes more serious each year—at college, heavier assignments, if employed, more responsible hours. The time for daydreams has been outlived; they should be crystallized into practicable ambitions. We now release the burden of care through wiser channels, for in adult life daydreaming is rarely productive.

Let us recall that many forms of neuroticism are wrapped up in the semiphantasy of daydreaming, while insanity itself is but a prolonged phantasmagoria. Daydreaming slips too easily into self-deception, and frequently becomes the tissue from which actual deception is woven. Then indeed, reality is falsified. He or she who carries into later life this right of childhood enters the adult state unprepared to face—and again to face—the succession of experiences which will be constructive or destructive as they are met or shunned.

Do we not here see a developmental defect among those who have protracted the protective immunity of childhood into youth and manhood? This blemish creates individuals who have no recourse from uncertainties, disappointments, regret, remorse, anxiety, from any of twoscore emotional discomforts, except that cheaply-bought state where wishful thinking for the time pushes away the thing as it is to purchase the shade of the thing they wish it were—through Alcohol, goddess of the daydream.

Life Is Real.—Science has offered our race few gifts of more outstanding value than the saving benedic-

tions of hygiene. Prevention of disease has far outstripped the benefits of treatment in prolonging life, eliminating suffering, and enlarging efficiency. Psychiatry now offers a new force in the much neglected field of nervous and mental health. Mental hygiene is a branch of medical science as yet inadequately developed. It promises the protectorship of directed living when and as it is allowed to point the way to a mind-saving future. And one of its pregnant teachings will include the tenets that each child be led to meet the realities of his years understandingly; that playtime and dream-life be early faced at their true worth; that from the dawn of intelligence the value of *no* as a command, the honesty of *mine and thine* as a principle, and the advantage of self-control as a standard of conduct be inculcated into the child's training. Unless defective or the damaged offspring of neurotics, it is gratifying how early these cardinal highways of conduct can be taught; and heartening it is to watch such wisely led children naturally choose the plain paths of sane living.

Repeatedly, the only child of overindulgent parents proves the most difficult of alcoholic problems. Such parents practice the almost criminal neglect of failing to instill into the impressionable, rapidly evolving mind the basis of reasoning capacity which, of course, is the recognition of related values. In today's complexities of adjustment, denial is of outstanding worth. Life's negations, disappointments, the what is taken away—are not these difficult situations for us all? Any child is to be pitied who is not already able to accept parental denials at eighteen months; the modernly trained baby,

if intelligent, is easily taught many months earlier.

No amount of mother-wishing, no plethora of father's purse will ever remove reality one arm's length from any child. Through pretense only can it be ignored, and only by drug-use can it be camouflaged; but through neither of these mechanisms is it ever dissipated. Indeed can there be a more fatal combination for destroying satisfaction than that which grows out of our failure to face the situation as it is and the accumulating consequences which must result from each attempt to dodge duty?

The realities which will never profitably be denied start in the home—an ordered share of maintenance-duties, hourly give and take, days promptly started, and assigned tasks honestly done. These breed later satisfaction in the doing and increase our value both in giving and receiving. The realities of our social contacts call for cheer of greeting and the daily offering of unselfish interest.

The realities of health are tremendously vital to the whole scheme of life. We shall see in future pages the piled-up reasons why an outstanding majority do not possess it in abundance. The physician with heavy-hearted certainty views the vast uselessness of much illness. From the realization of life to it final relaxation, many never know a day of brimming well-being; too few understand that they are but paying penalties for ignoring simple laws of wholeness. As we study alcoholism, we early sense that these multiplied feelings of physical inadequacy are used by thousands as excuses for drinking.

But there are more difficult realities to face: What,

indeed, am I? What is my capacity? What is my worth? If early acquired, reality-dodging habits persist, and one replaces conscientious effort with conceit, earned ability with the cleverness of the opportunist, fine standards of achieved worth with the smug self-satisfactions of narcotized pretense. The most earnest counsel fails to lift many who were denied the never-to-be-equalled opportunities of early years for attaining the strength to face what they are without the temptation to falsify. Facing the facts, he of but minor capacity can exalt even a simple self to the fineness of worth.

What shall we say of the most intangible of all realities variously approached as the ego, the soul, the innate personality, the immortal self? Let us pause before this profound reality.

I know a self who is a glowing presence. She radiates thrilling wholesomeness of body, blitheness of feeling, devoutness of spirit—not for passing today but throughout years. And she was long a handicapped one. It seemed that the heel of Fate must have crushed all joy from her youth. Yet for thirty newly lived years I have known her as a glowing presence.

For two generations he has plodded on. At seventy, his face tells the story. It has been a humdrum life he has lived—as though in accord with the laws of mechanics. A slave to duty—knowing no lilt, always some grit between the cogs—he has done his best as a part in a simple machine. His profound self has evolved into the dependable usefulness of commonplace.

Her life has been storm driven. There seemed to be no sea of calm. The Mediterranean-blue turned green-gray as her wave-tossed bark went that way. Handsome she was, with fire in her eyes and a laugh which could ring but must ever sting. A college-trained woman, the reality of her years was rebellion. She accomplished, but she hated the doing. She married, but

despised her husband. She bore a child, but reared her to falsify even the normal joys of girlhood—and mother and daughter railed at each other.

His parents had plenty. A sturdy body they bequeathed him. A Delmar Avenue home they gave him. There was no other child. The father dominated; the mother caressed. Her purse was always open, and her eyes closed to his early peculations. The easy way was his. Especially endowed with social charm, no ability did he ever practice. At forty, his life was but an empty wish—the gaming table, the drink to forget his losses and for better luck tomorrow. The reality of this man's self never evolved beyond that of a physically attractive, irresponsible, spoiled child.

Another's father was at the head of a college department; his mother's ambition was to lead the social activities of the university. She had time for only one child. Wine was regularly served for dinner. The father, truly a scholar, was immersed in his research. His dinner glass was strictly the limit, and of course, his boy would drink like a gentleman. But there was something different in the son's make-up. He was slipping to the wine decanter before he was twelve; he was drunk at fourteen. Of brilliant mind, his college work was easy. He was brought home in drunken stupor a dozen times his senior year; still he graduated. At twenty he was already a periodic alcoholic. At twenty-two he married. He was in the midst of one of his darkest sprees when their child was born. With his wife still in childbed, he demanded his rights. There was a hemorrhage, infection, near-death, and she was an invalid from twenty-one. He drugged remorse into inertness, doped responsibilities into confusion, anesthetized conscience into a nightmare—the nightmare which was the reality of this man's self.[1]

Who truly knows us? Which of us but has some intimate reservations? How natural to slip a veil between self and parent, or husband, or wife, or friend!

[1] The identity of the individual is carefully protected in all material used for illustration.

How many of us allow self to know self? That citadel of character—our profound personality—is vulnerable to the artificial, to all denials of reality, to subterfuge, to the refusal to face facts, and to the entailments of pretense. And alcohol may breed any or all of these. Self should be the most tangible reality of our span of years.

Phantasy or Reality.—We have been referring to the damage of avoiding the real. I am wondering how many of us think of insanity as the ultimate example of such avoidance? In the actively insane, phantasy displaces reality. We shall later discuss the reasons underlying this saddest of all types of illness. Probably more than once our attention will be called to the relation between the effects of drink and mental diseases. We shall also realize that in much of insanity the victim has no choice: mental illness descends upon him as might an apparition from the Unknown. But the user of alcohol deliberately chooses to become, for the time being, as one insane. There is no symptom of insanity which alcohol may not reproduce. Each individual type reacts differently to mental illness; as well, dissimilar personalities produce diverse pictures when alcoholized.

In the wish-thinking of the social drinker especially, desire for the sense of immediate well-being is usually uppermost. The specialist uses the technical term *euphoria,* the Greek word for the English phrase. With many early drinkers alcohol removes inhibitions, and repressed impulses take command. The over-affection, effusive hilarity, meaningless exaggeration, possessiveness, and overemphasis upon self reveal one

maudlinly swaying down the primrose path, as unreal as the strutting puppet on its stage.

Truly, it is vastly too easy thus to drape the uncomfortable in tinsel, and hide it under the grease paint of pretense. So the habit grows apace for the user of alcohol to refuse to face any hard fact that life presents. Upon the heels of this, follows that deficiency which may gain a staggering influence over the drinker—the fateful loss of his ability to profit by experience. As the misreared child is early inoculated with the virus of self-deception, so later, equivalent falsification may be quaffed from a flask.

The student of the mind repeatedly finds himself appalled by the sense of hopelessness which descends upon him as he thinks of his patient's future in terms of the hurt which the alcoholization of reality has done to the drinker's certitude. His reasoning capacity is jumbled; the relation of cause and effect disjointed; the potency of clear-cut facts dwarfed. General physicians will assert that various bodily ills, such as kidney damage, liver disturbance, and alterations in circulation, are direct results of chronic alcoholism; but the psychiatrist will claim that the true damage is much earlier than the evidence of any physical loss. What alcohol does to the body is not the vital harm, but progressive falsification is damning.

We all are prone to think that it is a long road from the cheer-exuding, social-clinking of glasses to that deterioration in which foul breath and unkempt appearance, bleary eyes and palsied hands, faded moral standards and the horror of an undrugged self, depict willingness to barter everything for the only comfort

left—drunken hours. This is but a faithful description of the earlier stages of alcohol dementia: a gruesome enough picture of the more repellent realities which threaten the average man who surrenders to drink for ten years, a shorter period for women.

Chapter IV

REARED FOR WORK OR PLAY

Alcohol and Heredity.—One enters upon any discussion of the far-reaching ramifications of alcohol acutely sensible that practically any statement of fact may be promptly neutralized by a counterstatement, also of fact. The camps for and against alcoholic drinking are solidly set in opposition. It might then be well for us to reserve our ultimate choice of loyalty until we have weighed thoroughly the motives influencing the pros and the antis. Of this more anon.

As we undertake in this chapter to review the causes of the great bulk of nervousness and call attention again to the intimate relation between the neuroses and the problem of alcoholic abuse, we most emphatically wish to avoid any symptom of the spectacular. We have known many children born of, and reared by, alcoholic parents who have made good. We have already asserted that nervous and mental disturbances result more frequently from chronic food-intoxications than from alcoholism; however, we pointed out that Enemy No. 1 to a fine inheritance is a parentage suffering from the combined toxins and intoxications of food and alcoholic intemperance.

Very much has been written and distributed by extremists luridly relating examples of the penalty of

alcoholic conceptions and gestations. I have been personally impressed with the histories of two families—the fortunes of one I have followed in detail for fifty years.

The wife was an industrious, high-strung German. Oddly, beer nauseated her, so she never drank. Her first husband was a saloonkeeper—a man of good physique and intelligent, but a rather heavy, regular drinker. There were three boys and a girl. Two of the boys went badly alcoholic. The third was the runt of the family, physically and mentally. He never got past the third grade, and while he rarely took a drink, spent his life cleaning cuspidors and washing beer glasses in a relative's saloon. The daughter alone proved middle-class normal.

The husband died. The widow married a fine physical specimen—thoroughly sober, emotionally deliberate, and mentally well-ordered. Again there were four children—three unusually attractive physically, two of evident emotional charm. The three boys succeeded, each making good in an occupation demanding public contacts. The girl graduated from a school of recognized standing, valedictorian of her class, and became a force in the community into which she married.

The same mother, a nondrinker: Group A., the products of a chronically alcoholized father; Group B., the offspring of temperance.

Another woman had two husbands. The first was temperate, by whom there was a family of healthy children with later numerous normal grandchildren. Her second husband came from a family of several generations of drunkards; and of their three children, one was a pitiable, crippled victim of muscular dystrophy, the second, an epileptic imbecile, the third, nervously normal.[1]

[1] Henderson, D. K. and Gillespie, R. D.—*A Text-book of Psychiatry,* p. 45. New York. Oxford University Press. Fourth Edition, 1936.

We are told by some that the germ plasm is immune to changes affecting the parents' bodies, but before accepting this we must consider two factors. Submicroscopic as this heredity-determining substance is, it is living matter and its continued existence presupposes nutritional activity. No crude bone and sinew this—its gossamer fineness can but be detrimentally influenced by a continuous stream of toxin-contaminated nutritional agents. Strangely, while the body can use small amounts of alcohol as fuel, it is absolutely without provision for storing any excess. No food more quickly enters the blood stream, more promptly invades the entire circulatory tree; so in the circulation of the chronic drinker, free alcohol is always present. And what protection is furnished the germ plasm against its damage?

The temperance propagandist can fill pages with gruesome histories of alcoholized families emphasizing drink-blighted offspring, but so long as defectives and semidefectives are born of nonalcoholic, nonsyphilitic parentage, the major burden cannot fairly be placed upon this too frequently culpable drug.

Various types of neuroticism are unquestionably passed down from parents to children; there has been defective germ plasm. Usually, this heritage will be augmented by years of damaging suggestion, the harmful influence of close association with nervous parent or parents. Again we would emphasize our belief that alcoholism as a disease is not handed down; but we early learn in contact with addicts how very frequently one or both parents of our patients were neurotic. They have inherited a defective nervous system. Of

all the susceptible components of our highly organized bodies what part is more easily affected than that unbelievably intricate and delicate complexity—the brain? Of semisolid consistency, we have learned that it is composed of multiplied millions of jellylike cells and friable microscopic threads. The marvel of life is that with ignorance so widespread, with the indulgence of desire semiuniversal, so many fine brains are preserved to carry on our civilization.

Of the prohibition propaganda of years agone, probably none was more spectacular than the common experiment of pouring alcohol over a raw egg. "Can't you all in the back of the audience see it cook?" So the ringing warning went out, "And your brain is just like that raw egg!"

Unfortunately, such sideshow standards undermined the influence of much truthful teaching. We shall find that the normal brain is singularly protected against the encroachments of any but exceedingly dilute doses of alcohol. While the temperance advocate coagulated his egg albumen with from 50 to 75 per cent alcoholic strength, the blood stream even in deep drunkenness rarely shows over 0.3 of 1 per cent alcoholic content. So at worst the brain cells are bathed in 1/200 the concentration that cooked the egg. Still we dare not discount the physical detriment of a drug which promptly produces death when it reaches the brain in the strength of 0.5 of 1 per cent.

Emotional Conditioning.—Has your child a central nervous system that will safely handle alcohol? Let us see. He has a temperature of only 102° F., yet is unduly restless. His muscles jerk; he starts at a

sound; rolls, turns, and cries out—not in pain but in semidelirium. And suddenly—a convulsion! A nervously normal child, on the other hand, sleeps quietly with flushed face when his temperature is 103°, 104°, 105° F.; indeed he may be slow to arouse for food and medicine. The child who manifests nervous instability while running a moderate temperature is one who carries within him the threat of particular susceptibility to alcoholic damage later on. Such children recruit the ranks of the problem-alcoholics, and should receive peculiarly intelligent rearing to overcome, as far as possible, the handicap of an inherited oversensitive nervous system.

A man's conduct-reactions when under the influence of alcohol reflect the type of central nervous system he possesses. We must recognize that modern plenty and intensity are combining to increase the numbers born under the handicap of inherited neuroticism. Many of those will ultimately turn to the specialist for guidance. Books, lectures on mental hygiene, and child-guidance clinics are increasing. Students of conduct-problems—psychiatrists, representing years of contact-training with the more severe forms of mental damage, and analytic and advisory psychologists—are multiplying with our growing consciousness of the vital importance of central nervous protection.

Already the discrepancy between the highly advanced intellectual curriculum of our schools and any organized emotional training has been mentioned. Throughout all ages exceptional parents have guided and governed their children with the wisdom inherent only in the mental aristocrat, and today many of these

finer families stand out amidst the much of unwise overrearing or untutored neglect so rife in our good land. As we write in deep earnestness on the relation of wise emotional training in the home, in schools, and colleges, to the far-reaching problem of alcoholic damage, I feel we are discussing one of the largely helpful subjects of our book.

My father was a rarely delightful professional man, but a confirmed neurotic. I started life a typical nervous city child. Through the patient, constructive teachings of a wise mother and a rather early adolescent sensing of the price father and our family paid for his concessions to nervous discomforts, I worked out an understanding of my nervous tendencies which ultimately made those attention-seeking nerves my friends, indeed my servants. And they have contributed tremendously to a long life of many constructive activities. Nor am I more grateful for any heritage than that sensitive nearness to my surroundings made possible by a wisely utilized share of father's neuroticism. For over a generation I have lived in daily contact with all types of nervous sufferers. Thus having added experience to heritage, I may speak as one with authority as I outline in some detail the possibilities of emotional education.

Probably the simplest approach would divide childhood's damaging home influences into two extremes—overprotection and neglect with cruelty.

We consider the latter first. Our minds at once revert to the families of the underprivileged, to homes of ignorance and poverty, and we find ourselves prone to associate drink with the brutal parent. In such sur-

roundings fear of abuse punctuated by periods of acute terror create a lifelong emotional undercurrent of suspicion and apprehension. Thousands must emerge from such experiences pathetic weaklings, victims of chronic uncertainty, and usually tinctured deeply with protective deception. Alcohol is almost instinctively accepted by most of these, because it seductively offers them flimsy hours of respite.

From such surroundings may also develop the defiant, reckless, aggressive criminal type whose crave for drink is less, but who employs it as the natural build-up to unsocial action. Still there is no level of poverty, social inadequacy, hereditary inferiority, which does not from time to time give the world some genius in art, music, political leadership—a miraculous throwback emphasizing the uncertainty, yet the trueness, of the law of atavism.

Many studies are available in the literature of criminality, prostitution, mental defection, and economics which will outline far more in detail the affect-influences which are forever to color the lives of the offspring of these types. For the purpose of our study, we must turn in larger description to the families of comfort, of plenty, of wealth, within whose homes millions of children are today being led into the ways of an incapacitating, happiness-eluding emotional immaturity.

We have already spoken of the strengthening value of the wisely taught *no*. In the house of plenty it is so much easier to give than to withhold. The appealing smile of request, the urge of the child's tearful protest, and "Why, of course, give it to him" is often

the parent's response. Probably no desire is deeper in the mother's heart than to tie her children's devotion so closely that their love will ever be hers. Unconsciously such mothers, month after month, rivet their children's dependence to their largess of giving. They would buy enduring affection through their thoughtless and unwise surrender to their little ones' appeals, moods, and demands.

The normal child-instincts are essentially selfish. Theirs are the years of grasping. Self is preëmpting at first, and what parent but loves that egocentric, immature bundle. Still no matter what wealth may be in the home, each child is born into a world of mine and thine, and no possible parental alliance can long keep the boy or girl from having to face the inevitable denials of physical limitations, the realisms of sickness, the restrictions of social balancing, the irk of knowledge-acquiring, and the strife for self-satisfaction. Cruelly ignorant or weak indeed is that home into which early, firm, and uncompromising lessons do not enter in meeting discomfort, in sharing possessions, in adding something besides *I want* or *I have* or *I have done* to the procession of situations. For until *I* is balanced with the occasion, the child or the adult is selfishly immature.

The half-baked intelligence of the fear-fraught mother fails to accept that no amount of external care will provide more than a fraction of the requisite safety for her child compared to what he will derive from systematic, sensibly trained self-protection. Her overcare but handicaps her darling in the race she would make so easy. Hence the wise parent early

teaches the child to entertain himself with simple devices, to be unafraid in the dark, to attend to the needs of personal hygiene, to cry only with reason, to get nothing for whining but constructive neglect. Intelligent home training leads the little one to pass hours without begging a bite of this or a snack of that, to have his sweets for dessert—then only when earned through adequate activities; to be promptly removed from others when his conduct is not worthy—removed and left in his room alone, for unless he has been reared with thoughtless ignorance, isolation has no attendant fears.

Outstanding among the problem-alcoholics are only, or youngest, children. A survey of the history of their home training is barely scratched before it is revealed that concessions were habitually made to self-important infantilism and that juvenilism has been weakly prolonged through years. These unfortunates missed the finest blessings in child-training—the quietly unalterable insistence upon an acceptable response to denial and disappointment. Only as such advantages of rearing are rooted deep in the subsoil of evolving character will future emotional dependability and early emotional maturity develop. A five-year-old youngster so reared can be more manly in a disturbing circumstance than a neighbor's rotten-spoiled fifteen-year-older.

Thus we see that the child who has from the first been wrapped in the cotton-wool of shortsighted over-devotion will probably maintain the rebellion of immaturity indefinitely; will face the offerings of life with stunted emotional equipment, knowing only sur-

render to his inadequacies or the unreasonable assertions of his small self. Or he may yield to the self-falsifications of that drug which through the earliest years of its ministrations assures the drinker that he is superior, that he is adequate, that he has nerve—indeed it coddles him as did his foolish mother.

The sense of ethical values wakens in the normal child early and must be well grounded, for at puberty there is an inrush of new desires. A powerful added element enters the emotional nature of the adolescent as gonadal secretion profoundly alters the chemical make-up of the hormones and portentous sensations flood the personality. Our moral natures are closely interwoven with our feeling-life. Intellectual righteousness is as sounding brass compared to the rich, generous flow, the infectious potency, of emotional righteousness.

Specialists and workers among the inadequate deal constantly with those dire problems of human life—the victims of interrupted emotional development. Sometimes at puberty the ethical evolution of youth suddenly crystallizes into finality—henceforth, right and wrong are to be decided on an emotional level. Examples of interrupted development, these never reach ethical maturity and must pass their days as psychopathic personalities. They are helpless in the grip of alcohol, which they will never avoid as a matter of principle. With them, moral principle is but an empty phrase.

We are frequently consulted by parents who find to their astonishment and humiliation that their children are not making good. Often the father is a

dominating, aggressive type who finds himself out of sympathy with the soft sentimentality of his wife. Their child grows to know that there are two standards of discipline in that home which set one parent against the other. The clever youngster plays up to "dad" today and "mom" tomorrow. Mother's standards are so much more easily followed. Father expects efficiency, a front of manliness, resolution, and decision. Later, in prep school, certainly in college, the son finds that his reports are disappointing the "old man"; that he has failed to fulfill his father's long cherished ambition; failed in classroom, in athletics; failed to make his father's fraternity;—he is not his father's equal. But mother will draw him close to her uncritical bosom and stand between him and her outdone husband. Domestic rivalry grows. Father's methods of success demand of the son consistent self-sacrificing effort; while mother will slip him a ten-spot at any time of need. Deeper the double standard is inculcated. Mother's softness continues to upholster every jolt with which reality would jar this youth into the realization that he is just a weakling.

There is a fundamental psychology unthought by most of us which reaches deep into the economy of successful existence. Two elements combine to decide each action of choice: first, is the urge for action; against this feeling, inhibition is the restraining power, the brake that would hold in check. Today, on every hand stimulation is rampant—things to do, places to go, pleasures uncounted, appeals and opportunities presented by the thousand in each daily newspaper. All offer stimulation to desire. Again the little word

no becomes a shield and a protector. Here is the key word of self-control. Weaklings all, until this word can be honored as a law! Many are not satisfied with the normal urge of opportunity and temptation, but must force desire with stimulants—tea, coffee, caffeinated drinks. The pathology of conduct enters when men willfully sandbag the fine balance of desire and restraint by paralyzing the latter through alcohol. Even a single cocktail disturbs this refinement of poise in some; no strength is impervious to excessive amounts of alcohol.

The excitation-inhibition balance, so cherished by those who would live a span of normalcy, is thoughtlessly broken in homes where indulgence in social drinking is a matter of whim. The biochemical discord caused by rich, putrefying food calls for the release of stored-up glycogen, which the inhalation of nicotin promptly answers. This wastage of vital economies easily becomes habitual. When nicotin fails to produce the satisfactory release of energy desired for the occasion, resort to the quick lowering of self-critical restraint by alcohol eases the situation. So through appeal to the artificial, through degradation of that superbly balanced relation of desire and control which stands out as essential sanity, the emotionally defective play at life's game.

Carbohydrates, the sugars and starches, are the most quickly converted fuel- and energy-producing foods. Unutilized excess of these is converted into glycogen and stored in the liver. The sense of adequacy which follows an inhaled cigarette results from the liberation by the liver of some of this stored-up

energy-reserve. Thus the one of inadequate emotional balance is constantly calling upon his protective food-emergency material with each "fag."

Never in the history of our race have the demands and the temptations for energy-expenditure been so multiplied. Never were foods so bountifully provided; never was the human machine so well fed; and never was there so much high-grade energy developed as in this twentieth century. Unhappily, far too many are not satisfied with directing that energy into productive and constructive channels. They could use it, they choose to abuse it. These are, or would be, of the gay set. The red lights of traffic protection, representing the sane and saving inhibitions of our central nervous system, are ignored. Those whose emotional conditioning has equipped them only for a life of license demand a fuel of ever higher octane content and never give a thought to the economy of momentum or the saving service of the brakes.

Can You Take It?—We naturally think of our study of *What Price Alcohol?* as being essentially an effort to understand the benefit and damage which this drug does to our kind. Still as we study the individual's problem, we find ourselves concerned primarily with what manner of man he is. This is a study much more important than what alcohol does to him. Our concern is the man's relation to life, his ability to make use of opportunity, to deny the harmful, to face the difficult,—in other words, his capacity to take it and still be a man.

Has this person been prepared for life or conditioned for failure? And this at once demands an

understanding of his attitude toward a number of vital relationships. What of his sense of duty and accepted responsibilities to wife and children? to his parents? to his pride and self-respect? to his opportunities? What is his capacity to absorb punishment? Can he face and fight, or is his impulse to avoid and escape? Is there within him any conviction that he has the capacity for adjustment to fulness, to success, to opportunity? A man maintains the superiority of his race, the pride of his family, of worthiness, indeed, of life itself, by his capacity to adjust to the varying moods of Fate. Has he a college training with kindergarten emotions?

The boy's grandfather struck it rich and was nationally known as the president of a corporation manufacturing a popular line of products. His mother was an only daughter. As her mind was none too keen along the lines of the standard curriculum, she graduated from a Boston finishing school and lived in England two years attaining more polish. At twenty-three, she married a full-blooded, eat-drink-and-be-merry Britisher.

They had two children. The older daughter lived but a few years. The now-only child was a charming youngster having much of the mother's retiring sensitiveness balanced by none of the father's brusqueness. He was his mother's life and joy. The husband became increasingly difficult. A separation, settlement, and mother and son returned to America to live in the semi-seclusion of a refined social set.

The boy was overmothered. His was normally a gentle nature which she contaminated with unmitigated selfishness. College was not difficult scholastically, but socially he found himself disconcertingly inadequate. A few drinks loosed his tongue and his purse strings. He staggered through his final college year, barely securing his degree; then a round-the-world trip with increasing cocktails—and from France, across, a practical submersion in alcohol.

This split our susceptible boy sharply away from reality. The expert said his mind was threatened. It required but three weeks to restore him physically. Three years of wisely conducted reëducation were needed to evolve him from a mother's pet, who drank alcohol to kid himself that he was a man, into a life of grown-up give and take. He was thirty years old before he attained emotional manhood.

Much that makes an adult his mother had denied him. One of our leading colleges was not prepared to inculcate maturity into this son of plenty. With him as with other thousands, the resort to alcohol was an admission of emotional immaturity.

Chapter V

SOMETHING FOR NOTHING

Sublimating Primal Urges.—Man in common with other members of the animal kingdom maintains his existence as he responds more or less fully to the push of at least three instinctive forces. We shall speak of them in semiscientific terms as the ego, sex, and gregarious urges. Simply explained, they indicate those innate qualities of life which direct the individual's activities: first, to self-protection and self-maintenance; second, to the development of the family and the perpetuation of the race; and third, toward securing and adding to the benefits of herd- or community-life through group association. Tersely as these have been expressed, we know that they all exist primarily for the benefit of the individual, that following the dictates of these primal urges one would live entirely for self and mine. It is difficult, however, to picture individuals or families so isolated that necessity does not demand some qualification of these primitive directoral forces. On the other hand, we cannot think of any degree of separation of self from the inborn which would so dehumanize individuals as entirely to eliminate these influences from their conduct, with the possible exception of certain types of insanity such as advanced schizophrenia where the claims of self, sex, and society fade and are lost.

Each forward step of civilization has been made possible only as the law of the wild was displaced by the *mores* of the tribe, and the instinctive rights of the individual and the family merged into the larger needs of the community. It is this enlargement which occasions most of the pains of childhood. We have seen that within the blue-eyed cherub of mother's near worship rest the germs of civilized fulfillment. Many mothers are not adequately wise in preparing for, and directing, the second birth from self-living to self-sharing, and lose the most vital opportunity of leading their children toward the standards of maturity. The weaning of an enlarging self from the self-seeking self is second only in life-moulding importance to the hereditary qualities that united at the time of conception.

Excepting the insane above mentioned, each of us attains some degree of self-merging capacity before our majority. Much which deficient homes fail to inculcate is taught, punched, or ridiculed into the child in school contacts. Still, youth's sharpest battles are fought in adjusting the ego to the group, in forgetting self and easily mingling with others, in assimilating the onrush of the sex urge which would forcibly dominate the citadel. Often these conflicts vividly transgress consciousness; yet many of the moods, impulses, and inadequacies of youth are unthought expressions of the unconscious conflict of the primal urges with the constricting limitations of conventions and the laws of higher living.

Speaking with special reference to the sex urge, the psychologist holds before us the ideal of sublimation

of the instinctive. He uses this term in the sense of transmuting the lower into the higher: refining and exalting sex expression from the physical creative to other channels of constructive effort. For example, if the susceptible student rigidly avoids entangling romantic alliances, resolutely turns away from dating coeds, and shuns any semblance of red-light experiences, he may translate the productive forces of sex potency into solid mental attainments. *Sublimo,* to raise, is a lofty ideal, and stands out as the highest possible refinement of one's adjusting capacity.

The student of the alcoholic mind early determines the degree to which his patient has sublimated the self which he inherited in common with the rest of the animal kingdom; detects how much this man's problem consists of the utilization of his forebrain-cleverness to augment the satisfactions of primal selfishness; and understandingly dissects the personality to find—as he probably will—deep-seated maladjustments based upon defective sublimations.

When we recognize how surely and ruthlessly alcohol brushes away civilized standards, how within the hour it may degrade to commonness the carefully, painfully built up conduct-ideals of the drinker, how efficiently and baldly it may strip off the garments of refinement and revert the individual to the level of his naked urges, do we not see that he who has failed in youth to transmute the inherent selfish, lives among his kind more or less of a pretender? With alcohol whispering at his elbow, beckoning him to take time off, the dictates of community standards irk, and irk yet more.

Even the lower strata of savage tribal life persisted

only when there was a merging of the primitive with an acceptance of common-good regulations. Can we imagine any community made up of a hundred drunkards—despoiled as they would be by alcohol of any degree of self-forgetting sublimation—surviving as do the most elemental savage tribes which have acquired a few standards of community life?

Sidestepping Maturity.—The mother bear early begins to bat her cubs around, and shows waning patience with those who do not like it. And on up and down among the various families of animal life, parental wisdom—and this is usually maternal wisdom—systematically sees to it that the offspring are promptly taught to fend for themselves. It is disastrous that this wisdom of the ages has not penetrated the intelligence of the modern human mother. She fails strangely to offer the child for whom she claims self-sacrificial eagerness this fundamental, constructive, disciplinary benefit.

Food is the chemical basis of health and vitality. Fears that her child may get something poisonous as he roots around the garden, or get stung by some poison-bug as he gathers wildflowers, provoke a fusillade of don'ts. Meanwhile, within his little body the same mother has already initiated the chemical disturbances which will evolve into chronic self-poisoning through frequent piecing between meals of sweets and rich foods "to give him strength."

Let us notice the feeding habits of our animal neighbors whose diseases total but a fraction of those common to humanity. The herbivora possess most consistent physical well-being. They eat and munch, and

rest—even then often chewing a cud. All this takes up a large part of their lives, but the nourishment they choose has low food value, the great bulk of it being insoluble roughage. Their lives are long and peaceful as compared with the meat-eating carnivora who devour proteids voraciously. But even the carnivora maintain long fasting periods between meals: the bear hibernates all winter, and an overfed dog is soon an ailing pet. No form of animal life has access to the complicated richness of diet allowed—even forced upon—many children whose elders thus unwittingly father alcoholics and other physical and nervous inferiors.

Faulty diet produces another fundamental defect in the average drinker. He has partaken of high caloric foods from youth up, eating when and as he pleased. He has used sweets until his system has grown dependent upon frequent food-energy renewals. This continual habit of food-stimulation has checked normal nutritional unfolding, and he reaches puberty already a toxic dependent upon soda-counter dopes, hourly confections, ham and fried egg sandwiches, hot dogs, hamburgers, or barbecues. Without their fortification he promptly is restless and has a gnawing emptiness. Already a vitality-deficiency has developed; it is but a step from this food-crave to the quicker satisfaction of some artificial pick-me-up. So far from being the adult who works and strives in comfort on three square meals a day, he is nutritionally but an overgrown infant, still bottle-fed.

We have approached the dangers of arrested maturing from several angles. With the persistence of self

first, with the absence of daily opportunities to develop practical independence through carrying a share of the home load, moral growth is denied these carefully stunted children. The weakness of false tenderness or of indolent devotion has not insisted upon endurance. There has been no patient directoral advice in the presence of failure, no encouragement to meet setbacks with renewed effort until pride of success displaces what would otherwise lead to loss of ambition. The wise oversight which protects the child from the so-easily accepted habit of procrastination, the helpful requirement of accuracy in keeping appointments, the honoring of reliability until it becomes as self-urgent as instinct, —why are such maturing rights ever withheld?

It is pleasant to live in an easygoing atmosphere, and the half-baked mother will say, "Oh, it makes my children nervous when I am insistent." Let us remember that wisely fed children of normal heritage tend to become delightful examples of comfortable efficiency. The psychiatrist deals too often with the irregulars in life's army, bred from second-class neuroticism, ill fed with new-rich profligacy, and denied the sublimating benefits of ordered discipline. Thousands of these annually recruit the ranks of the problem-drinkers—born, trained, and misled to stagger ultimately into the drunkard's life.

Out of fine homes? Yes, if by fine homes are meant the mansions of wealth, of social leadership, of intensive entertainment, rather than homes where the responsibility of child-rearing is responsibly met, in which the psychology of child-life is wisely attended, in which patient, personal interest and contact allows neither

the Topsy-just-growed neglect nor overmeticulous, anxiety-frazzling neuroticism to create unsound childhood. Some such parentally immature homes delegate the training of their children to governesses and tutors; a wise compromise may solve the problem.

Whatever the reason, our work with the alcoholic discloses, practically without exception, that we deal with a man or woman who has side-stepped the essentials of maturity. At the first interview we find him resenting the suggested schedule of reëducation. He has so long avoided a genuine estimate of his true possibilities and unquestioned limitations that he rebels at the thought of a self-knowledge both unsentimental and critical. He has always shrunk from looking at the mirrored reflection of his inner self, and now the prospect is intolerable to him.

The mechanism of his reality-dodging, while varied, is rarely unique. His pride of family and opportunities, friends he has made, and the list of his accomplishments,—how adroitly he rationalizes! Psychologists use *rationalize* to signify emotional or wishful thinking, the capacity to "kid" oneself, reasoning from a false premise in self-justification.

The dodging-mechanism is utilized by those who have failed to sublimate the primal impulses and who enter manhood or womanhood accepting the standard that the world owes them a living; to whom the only evidence of brilliance is the ability to slip the load on to another's shoulders; and who consider themselves clever insofar as they can evade effort. They are not only willing but are often determined to get something for nothing daily—aye, hourly. Here we find outstanding human

material from which drinkers are made. What artifice gives so much (such as it is) for so little, as alcohol?

The foundation was laid during baby days in the home. To get his way, to have what he wanted, he found that it was only necessary to let loose a series of yelps. And here is traced the pattern which may be indefinitely enlarged—the pattern of the crying infant's appeal, begging, sympathy-creating, demanding and receiving what has not been earned. Later, this child storms, screams, holds his breath until purple in the face, or pathetically cries and whines, sobs and begs, until the household is on edge. He sulks and scowls until the home atmosphere is murky from his dominating selfishness. He learns to wheedle unearned dollars or privileges; he may slip a bill from "dad's" pocket; he will borrow right and left. He is an early gambler, taking chances to save effort or to obtain the unearned. Now the pattern becomes more embracing. He stakes his word, his reputation, to get something for nothing. Industrious methods of study and work become devious; his word can no longer be credited. Lack of constructive discipline from without has dwarfed the self-discipline of manhood.

My room in the hotel happened to be opposite the maids' closet. The transom was open and I was aroused by the barely restrained opinions of one negress to another. The subject was the daughter of a nationally known family of wealth. "I 'clar to goodness, her room's a mess! I hates to go in dar in de mawnin'. I'd ruddar clean up six udder rooms. It sho am a pig pen! De towels is flung ebber place and dar sets her dirty water in de tub. De labatory is splashed all obber wid

greazy suds, and she ain' got decency 'nuff to flush her own toilet! An' dem cigarettes! Why de don't burn up dis yere hotel, I don' know! She's just anudder ob dem trashy-rich messes!"

Sagging character foundations call for "dem cigarettes" by the pack, and will demand a more illusive retreat from such realities as the days will bring. What preparation could be more perfect not only for responding to, but for active seeking of, that mistress of reality-making pretense—alcohol? How certainly it fits in with the something-for-nothing standards! How cleverly convincing are its first offerings of self-satisfaction! Of self-exaltation at a dime a dose! How convincingly it opens up an elusive trail far afield from the factual highway!

And Then, Alibis.—He who has failed to transmute the physical *I want* into the spiritual *I share* and whose shield is emblazoned with the motto *I get,* rarely escapes the witches' stew. Consciously or through ceaseless subconscious activity he has for years provided excuses that are self-satisfyingly justifying. By rationalization he explains everything. Weakling though he is, he exudes self-importance. In defense his admissions are half-hearted, made with his tongue in his cheek. His remorse is short-lived, and his regrets shallow. Why should he remain distraught? Some one else has carried his burdens from childhood. Others have made provision for his maintenance. His luck will turn: a better hand tonight; his horse will win tomorrow; his stock investments will soon make good; dad will come across; he may wheedle another fifty dollars out of Aunt Salina who is coming next week for a visit. And

always a quart can be found some place which will draw a curtain over his troubles! The family will never let it get into the newspapers—if he gets drunk enough to be taken up, they will foot the bills and protect the whole damn situation. It wasn't his fault anyway. He was going to go straight, but dad put him on the carpet. He would have got through that subject if prexy hadn't fired him. He wasn't so drunk that he didn't know what he was doing. It was the other fellow who picked the fight—in fact, three others jumped on him in that last brawl. He was just kidding; the other fellow couldn't take it. And thus all facts are glamoured to suit his case.

Alibiing is, then, an outstanding defect in the maturity-dodger—a defect which alcohol probably more than any other drug feeds until its growth throws into eclipse all good resolutions, the helpful influence of friends and family, the idealism of youth, duty to home, pride, even common honesty. The alcoholic nature characteristically throws the blame upon others.

Unfortunately, many an addict is socially attractive. He is rarely sissy or prosaic; his personality is usually savored with the spice of recklessness; and there is a certain romantic flavor even in his irregularities. Frequently the son of Irresponsibility weds the daughter of fine Decency, whose heart goes out to him in his need for the refining influence of her virtue. He promises everything if she will be his wife. And she, pathetically ignorant of the mental pathology which sends him on periodic sprees, gives her all. Within a year, he is complaining of his unhappy marriage. His beautiful young wife-mother "nags" him. "She throws

up my example for our baby to me, and smells my breath as she kisses me when I come in at night. She doesn't trust me when I say I haven't tasted a drop." The alcoholic commonly shifts the blame to others.

Then a real jam occurs from which he cannot extricate himself with all his clever alibis. Now he is dissolved in self-pity. He never had his chance. Mother's doting devotion, father's personal investment in his education, sister's shielding, and the loyalty of sorely tried friends,—he gives credit to none. As he bewails his fate, asks for another chance and pleads and promises, he is all the while glossing over the irretrievable damage which others have borne because of his debauches. He multiplies without restraint the injustices he has received at the hands of others, and refuses to face with a modicum of honesty a fraction of the expense to heart and pride, the damage in dollars and reputation, he has ruthlessly laid upon his family.

Young Schaff was the only son. There was a plain, Germanically matter-of-fact daughter who married well and reared her family with almost old-country standards. But in the brother's life we find a graphic illustration of the character-deficiencies outlined in this chapter.

He was always a handsome rascal, clever as a fox and to become heartless as a snake. Though he was the second child, he never faced competition in the home. His mother was badly lacerated at his birth, and it was several years before she was physically restored; she was never after nervously robust. The father, a very successful banker, left the home in her hands.

The boy had his own way from the first, and early developed three mechanisms for outwitting such situations as were not acceptable to his imperious young self. He never clashed openly with his father after the old gentleman warmed him soundly for a childish defiance. Thereafter in the face of accepted authority,

he became a yes-sir boy. To the maids and servants, and later to younger children for he chose them as companions, he was a bully. With his mother and a few others in his life, he was a soft-tongued beggar. So he evolved consistently, securing his way by hook, crook, or avoidance.

He inherited a better than average nutritional equipment; yet by eighteen his was a foul autotoxic breath. He could always get what he wanted to eat for the servants were afraid of him. Still he attained a six-foot, hundred-and-eighty pound stature. He could have developed an unusual physique.

He matured early. The first thunder cloud over the home was a pregnant thirty-year-old chambermaid who had been in the household for years. Father Schaff resented the expense. He was prematurely impotent, so he had an obvious secret pride in his precocious son. He called son to the office and gave him a typical lecture on sexual standards—then his paternal duty was done.

Cigarettes on the sly from twelve years. Young Schaff never reached college. Three prep-school expulsions—the last from a military academy of national standing, in each case for being drunk and disorderly—completed his formal education. He was a rowdy drinker. His primitive urges were shallowly covered. He became aggressive, obscene, boisterous, and belligerent under whiskey. He drunkenly married at twenty. His twenty-three-year-old wife stood three of his semi-insane drunken outbreaks. Mercenary as she was, she could not endure the vileness of his abuse—the foulest and crudest of billingsgate. There was no limit to the humiliating language he poured upon her when he was enraged because of his temporary alcoholic impotency—and of course, the fault was hers. The marriage had not reflected well upon the Schaff name; she received her thousands and a divorce.

The boy was then started for a year abroad, but he didn't sail. The bright lights of New York lured him, and he contracted a bawdy-house infection. He was hospitalized for a month. Well sobered, for the first time he tried seriously to behave for he was in love with his nurse. She was the daughter

of an upstate clergyman and had had two years of college training. Quietly reserved and earnest in her profession, she held an ideal of the certain fruits of self-sacrifice. His story was one to awaken a trusting woman's pity: his first wife was older and took advantage; he drank because he was lonely; he was reckless with loneliness when he became infected. He appealed to her womanhood. She was needed—she married him.

The power of a woman's influence was now apparent. A year of orderly living followed. The father's blessing was extended; Ed had sowed his wild oats and everything would be forgotten. And then their child came. Of all times to break his pledge and crush a fine woman's ideals! But he must celebrate. Ed Schaff was one of the millions who cannot take a first drink and stop. Helpless after a to-my-son-highball, he soused himself into an acute alcoholic hallucinosis, and was sent away for special care.

Repeatedly, he has been "treated" as the futile sobering up is spuriously labeled. He has never assumed the duties of maturity, never accepted his responsibilities as husband and father, never been the head of his family. His wife still stays with him for their child's sake. She long since has learned to telephone for a doctor and attendant and to leave the house at once when he gets hold of liquor. The elder Schaff eventually despaired, and doggedly pensioned his defective son.

The twisted patterns of youthful neglect often set permanently. One drink and nothing but physical force will stop the oncoming spree. A pint, and the veneer—that very thin veneer—of restraint is shucked off. He must have a woman—the more shameless the better. But she will take her safety in her hands if she intimates his alcoholic inadequacy, for this man under the influence of drink recognizes no semblance of restraint. He remains a sex-infested animal until alcoholic narcosis renders him insensible.

For several years Ed Schaff and his family have lived on an allowance sufficiently ample to provide a husky companion when Schaff leaves his small-town home. He is virtually a prisoner, the attendant his jailer. A forty-five-year-old, still handsome

man knowing no standards except those of bullying, wheedling, or resentfully assenting to the inevitable, he has not the moral balance of a self-respecting five-year-old child.

This unwholesome case is recited as one of the too frequent extreme examples of the narcopath whom the psychiatrist is called upon to save. The history is unpleasant writing and reading, but in no wise exaggerates the moral debacle of many who add to inadequate character-standardization the restraint-unleashing dominance of drink. Above all, these are they who must be protected from their life-cheating selves which at all times seek something for nothing.

Chapter VI

OUR RESPONSE TO THE DIFFICULT

On One's Own.—Who except the rare helpless defective attains his majority without having met and handled perplexing or difficult situations without assistance? The underprivileged boy and girl meet these early. No matter how financially comfortable the family, thoughtfully planned opportunities for decision and tempered burdens of responsibility should be incorporated with growth. Throughout childhood days the potent influence of personal habits emanates from father and mother. Our children are alert to detect split conduct-standards. They acutely discern pretense when tone of voice and expressions of mutual respect stage a show of harmony for the public ear that is at sharp variance with the private life of the home. Startling outcroppings of unwholesome parental conduct often indicate the conditioning patterns which twisted the patient's standards of acquired habits.

I do not believe I have found an average of one alcoholic in ten whose parents planned graduating growth of independence. For instance, it is rare to find that they were wise enough to have given their children stated allowances, to have taught them account-keeping and checked over expenditures with them from month to month. Dependence grows out

of daily, "Oh, Dad, let me have a quarter," with an explanatory retailing of the reason for the need. This is a crumbly foundation upon which to expect one's child to build an orderly, developing self-confidence in applied economics.

The wholesome independence which grows out of the child's recognition that his capacity is being considered, his ability—less or large—respected, his mistakes understood, and his successes honored stimulates a worthy self-assurance far-removed from much home-bred mendacity. Comradely guidance leads to early growth in thrift or reveals the need for corrective counsel; the absence of practical direction offers frequent openings for duplicity in the aggressive, or courts an inferiority complex in the retiring, child. In youth resentment of such neglect is usually repressed—often unsensed—but the call to drink in later years may be laid at the door of any defective training-start. Many score have indignantly told me that they were forced to remain under home domination up to the day they left for prep school or college, where, presto, as birds out of a cage, they were free to flutter. And off they flew with the first influencing gust!

Is it not an infrequent picture, that of mother sitting beside daughter in the Sunday afternoon heart-to-heart visit when from week to week she deliberately puts forth a problem and wisely interprets the thoughtless and the better ways of handling some affair which sooner or later will perplex her child? Probably it is an even more effective hour that father gives to Bob as he takes up matters of honesty, sportsmanship, friendship and loyalty; and eye to eye with his son,

helpfully outlines sex potencies and pitfalls. Anticipated protection is unspeakably wiser than the mutually difficult after-it-has-happened correction.

It is not good for children to live in the midst of complaint. Mother's aspirined headaches are no more examples of cheerful endurance than father's increasing need for something to ease his after-dinner discomfort —anticipated, announced, and boldly unhushed by the clinking carafe. Grumbling about servants and service, fault-finding and internecine criticism! An atmosphere of sagging emotional levels is almost certain to blight any budding conception of pride in health and dignified home relationships; so that when the boy and girl go out on their own as man and woman, they take with them cheaply designed patterns for living.

In these busy, anxious, intensive times, few have been taught the potency of relaxation. They have seen only the laziness or impatient irritability and friction-creating tensions common in neurotic families. Parenthetically, may I state that I have met some of the most ideal home relations among those whose hereditary nervous burdens were an outstanding handicap.

We shall most carefully explain in the chapters to come the bases of physical well-being and nervous comfort. In anticipation, let us for the moment be self-analytic and ask ourselves a few probably yet unthought questions. Upon what level of comfort would you rest satisfied if you followed the dictates of your desires? Must you be absolutely carefree? Must every organ, tendon, and cubic centimeter of skin surface be exempt from any twinge? Must the day have passed without your authority being questioned or your plans

interrupted? Must you forsee that tomorrow will dawn upon a day serene for all your interests? If this be so, what price are you willing to pay for such comfort? The student of alcohol knows that all this can be had at a price.

On the other hand, have you advanced beyond this puerile stage to the feeling of enlarged satisfaction in effort? to welcoming the sense of well-earned tire? to recognizing that the tension in the back of your neck is the signal of a subacidosis, and then chuckling at the good time you had broiled-steaking yourself into it? to seeing in misunderstanding a challenge for a finer give and take? And above all, is your face set so strongly toward reality that never until the intolerable of the incurable has choked the last breath of your strength, will you surrender to any witchery of unreality?

Home, community life, church, school, have developed many worthy qualities in the youth, but more inclusive relations will present new combinations of trust and temptation, of suspicion and devotion. As one advances into the thick of maturity's effortful striving, he should be alert to realize that here and there he has been mistaken. It is only defectives who never fail.

The Measure of a Man.—We have shown that inherited neuroticism, augmented by poor mental hygiene, during the impressionable years is an outstanding explanation for most conduct-shortcomings in later life. May we again call every parent's most earnest attention—especially those who are responsible for nervous or problem-children who have adjustment-difficulties

either at home or school—to the rapidly multiplying opportunities for help in child guidance, that they may better assist the next generation to enter the lists of adult activity prepared for successful living. And we reiterate that standards of personal resistance to any type of adverse situation must be raised in the nervous child through such thoughtful care as we have already suggested.

The ability to meet simple obstructions should enlarge into a capacity to face misfortune until good can be wrung from failure. Such growth inheres in the nature which has attained its normal possibilities of harmonizing the discordant. Until this consummation, the part will constrict the whole. The lesser part of hurt feelings, of self-pity, of resentment, indeed any of a score of unfavorable emotional reactions may consistently discredit skill, efficiency, ambition, even preëminent merit. An evening's enjoyment may be thrown out of gear through the failure of one member of the family to assimilate a disappointment, to overlook an impatient comment or being ignored in the conversation about the entertainment plans. The neurotic is self-consciously prone to be the all-or-nothing type, and not only through an evening but over a span of married years may permit an insignificant part of his less worthy self adversely to influence days and years. Wretchedness may be the outgrowth of a minor note of selfishness.

The measure of a man is vividly shown by his ability to utilize criticism. It is difficult to be the object of irritable, catty faultfinding and not slap back. The capacity to weigh the expression of one's fault, to

balance its worth and its spite, and to benefit thereby is probably one of the most outstanding evidences of maturity. The self-pride of the child whose feelings are so easily hurt unhappily continues into the adult lives of many who have received the best educational and intellectual advantages. This developmental defect is almost universal in the alcoholic, who resents a discussion of his weaknesses and often retaliates with vicious or prolonged periods of sulking when he does not covertly welcome hurt pride as an excuse to get drunk and show his family that he is not going to stand for their calling him down. The flattery of rum makes amends to his injured arrogance with hours of glorious self-satisfaction. Alcohol rarely drags one from the ladder of progress who was trained to resist the uncomfortable, to respond to misfortune with added effort, to accept criticism—offered kindly or unkindly—as an opportune stepping-stone.

Psychic Hardening.—I trust we have seen with helpful clarity that it is dangerous for the psychoneurotic to give way to the craving for physical ease. Chronic comfort-cravers fill the beds of sanatoria and perennially provide the financial overhead for such physicians and nurses as are willing to humor their patients' every self-indulgent whim.

She came into our care an appealing picture of silver-haired, anxious-featured, wheel-chair invalidism. Her home doctor was an honest general practitioner, serious-minded to a fault. But he had never studied the neurotic. Eighteen separate kinds of pills, powders, lotions, and potions he had given this weakly old woman—each prescribed for one of the eighteen outstanding ailments that now and again assailed her poor body. Even breath-

ing was at times fatiguing for her, and on occasion it tired her distressingly to hold her eyelids open.

Unfortunately, the professional influence of a good doctor and a too literal nurse had unthinkingly conspired to complete her invalidism. She had become fearful of a gentle breath of fresh air and shunned the sunshine as an enemy; she was sure she would be thrown into a spasm or a convulsion if touched by a chilly hand or a cool bath. The tensions which pervaded her waking hours rarely disappeared except when she was drugged.

A few weeks of constructive psychotherapy and all of the drugs were bundled into the furnace. A month later she was working off her fatigue in the garden, and then cheerfully hiking with other patients two, three, four, finally five miles a day. From a psychomotor comfort-craver she became a comfort-earner. From an alcohol-, near drug-addict she had expanded her margins of discomfort-resistance capacity from zero to the full standard that one should possess at sixty-five. The irritability which had so long flashed out cuttingly and unrestrained was gradually transformed into the self-respecting satisfaction of simple productiveness.

This rather extreme case illustrates the need which is outstanding in all neurotics, children and adults, for an intelligent, uncompromising evolution of sensation-ignoring resistance. It makes clear the lasting wisdom of enlarging one's capacity to look beyond the non-important, passing irritations which, like dust specks on the highway, are but incidental to the journey.

So far from accomplishing any part of this, alcohol —in any form, in any quantity—only softens the will; and while it reduces tension for the time, it weakens one's ability to meet recurring discomfort. Each undesirable situation asks for more of that which can but temporarily push it aside. The temptation to keep a flask of whiskey in the house to run to for every

disconcerting disturbance of mind and body robs the hypersensitive neurotic of valuable opportunities for building up the stamina to ignore the unimportant. Ever and again, the alcoholic's excuse for his continued indulgence or periodic outbreaks is the recital of some personal discomfort, some small ill-feeling which the normal man and woman would take in their stride without mentioning the problem which was essentially theirs to meet on their own. In the face of alcohol's deceptive assurance that one's work is better and one's outlook is on a higher level, it has been conclusively proven that in constructive mental activities each drink lessens efficiency.

Whence our margins of resistance? When we outline the dependence of our nervous systems upon that esoteric chemistry of the endocrines, we shall find an enlarged comprehension of one of the least understood secrets of normal living. Revelations, these, which until recent decades have been hidden from man's knowledge! But suffice it at this point to mention in passing two defects which not only the alcoholic but the average neurotic must meet—one, a physical, the other, a mental handicap.

The first is the very commonly broken food-exercise balance—modern man's major biologic sin. Most intelligent people today have some realization of the intimate relation of food to health. They know that if the system is not utilizing the fuel with which it is fed, sooner or later some type of physical damage occurs—overweight, digestive disturbance, skin illnesses, kidney deficiences, bilious attacks. A nutritional break seldom occurs in which the nervous system

does not soon show sympathetic inadequacy. The diabetic is a tragic illustration of the close relation between body and nerves. With his loss of weight there is frequently apprehension. Impatience and irritability may grow apace. The capacity to enter into the sterner activities of his occupation and responsibilities is lost. The margin of resistance to heat, cold, and fatigue is markedly lessened. Indeed mind and body are progressively crippled except as upheld by scientific care.

But the reserve to face with comfort even the major interferences of life is possible. We know that the human body is unexcelled in its capacity to transmute food into energy, to assimilate tire, to resist disease, and to react from injury. So we point confidently to the hygiene of the table: the balancing of food with physical effort is the wise man's basis for enlarging his margins of resistance.

The second defect is even more vital. It is one's failure to nurture the spirit of self-mastery. The possible self probably best illustrates the soul of man. It is most graphically revealed by those of frail body. Victims of disease marked by malignancy or illness of fatal portent sometimes face disability, hopeless pain, the certainty of defeat, without self-pity, calmly, serenely, even with cheer. The physician meets a superior minority who possess the capacity to ignore, to live above and beyond, to carry on, to maintain smiles and patience, even when facing days of pain and nights without hope. The spirit of man may lift him above a thousand distressful situations.

The alcoholic has not attained either of these protective or assertive types of development. Often bold

as an animal and reckless as a criminal when drunk, he shrinks, a helpless weakling, in the face of physical or emotional stress when denied the soporific semi-narcosis of alcohol.

Chapter VII

TECHNIQUES OF ESCAPE

Self and the Situation.—The book of our years is a series of pages closely writ, as it records the tale of our days. While one listens to the recital of personal events which different patients relate, a strange undercurrent of estimating, weighing, comparing, slips its findings into consciousness now and again. Its comment ever is, "A little different." The man or woman who is facing you retailing his experiences reveals an individual vividness of reality-contact. And ever it differs. The mother rambles on with endless, wearisome factual detail; even the business man, trained to be definite and dependable, often loses accuracy when intimate interests come into the story. Rarely does a person reduce incidents into principles. The logical mind compresses the procession of occurrences into the brevity and clarity of epigrammatic expression. From these heights of scholastic reality-contact those relating their experiences trail off into indefinite obscurity, and one senses the many who pass this way half-seeing. They never distill the essence from the insistent clutter of the hours. Once again we reiterate that the psychiatrist's ideal of highest mental attainment is the ability to define and hold fast to the realities of the situation.

Still you may well offer the objection that there is much repelling, unwholesome, detrimental realism. Yes, one must select. In fact, we spend much of our lives doing that very thing—turning to this, avoiding that; but our selection is of little worth until we have learned values. In deep earnestness we appeal for the following use of the mind as a model elevated to an ideal, and lived into with the best of one's capacity: first, the facing of the real; second, the fair weighing of worth or hurt; and finally, selecting or avoiding it thereafter as wisdom dictates. In these three lines is condensed the psychologic essence of the whole matter of sane living.

Our attention reverts naturally to the complexities and intensities of our days, for each one as it passes places before us a varied selection for choice. The desire to have, appeals first; duty clutches more or less resolutely; then there are the thousands of semi-automatic decisions or reactions based on long-formed patterns to do or to avoid. Thus each situation asks us to partake, to be indifferent, or to pass by. But it is not quite so simple as this, for who can exercise autocratic choice in what he shall select, reject, or neglect? Some realities for all are as inevitable as breathing. We must act upon numerous conditions in some sort of way. Neglect becomes a negative decision. Here are life's inevitables, and our attitude as we go through these experiences affixes its label.

My neighbor to the right is a gritty, grouchy pessimist. His estimate of reality is made through smoked glasses. He discredits, condemns, growls, complains. My neighbor to the left is remotely different—a gabby,

frothy optimist. His spectacles are rose-colored. His attitude is much more agreeable than the other's, but though the sweet is chosen before the vinegar, it soon cloys the palate craving nutrition. My optimist neighbor's reactions are those of the extrovert, essentially gregarious; while the pessimistic introvert is chronically egocentric. Oddly, the extrovert is much more easily the victim of alcohol. When the introvert drinks, we look for serious mental complications.

A moment's thought and we realize that no mentality could stand the strain of modern intensive conditions did it not possess a safety device. The normal mind is provided with the self-balancing mechanism of reaction-choice. How does the individual respond to the situation? As an extrovert, thinking of it in terms of group welfare? As the introvert, considering first, and possibly last, only its influence upon personal feelings or benefits? As the pessimist, questioning and discrediting? As the optimist, accepting and exaggerating? Or does he adjust self to the procession of situations, avoiding emotional extremes, welcoming any constructive truth, eagerly sensing the good even in the difficult, never carried away by comforts which come too easily? Such a man has learned that he is more apt to be in fault than the situation is to be abnormal. And again, the measure of a man is his capacity to surmount the difficult. The unrolling scroll of human endeavor reveals no force more potent than the spirit of man.

There is much to avoid. There is a profound wisdom in avoiding. A thousand times the selection of one from a score is the command of duty. But in this

very ability lurks a common danger. Behind the strength of avoiding stands the wisdom of choice. The habit of finding loopholes for escape may become the warp of the fabric of youth. In meeting life on superior terms, judgment must anticipate decision. What to avoid—herein is saving wisdom.

Protective Defenses.—Throughout the long dawn-days it was that enlarging forebrain that made the saving difference. He who survived was clever enough to know when to run and when to fight, for those were the ages of kill or be killed. Nor has that standard changed when one faces the threat of physical damage. At the bull fight he safely sits behind timbered barriers, at the football spectacle he buys a ticket and delegates his hero to do the crash of flesh and bone; all of which is outstandingly sane. But in the far-back-yonder the hand of the Unknown seemed to reach from the very heavens in unexpected, uncomprehended danger. From behind the immensity and order of his surroundings stalked famine, disease, and trooping unpredictables—drought and flood, destroying frost and heat. Primitive reason could but deify the hidden powers of good and bad. Thus religion was born in the propitiation of the gods of evil; only later did it develop into an appeal to the gods of good. The historic variations of religious faiths and fears are unnumbered. Uncounted, too, are those in whose lives these influences have been infinitely more potent than any certainty of realism.

Indeed even today the saving revelations of science are impeded by the edicts of lawmakers, are questioned from pulpit and rostrum, are personally refuted with acrimony and intensity as being at variance with the

Word of God. We still find a hundred types of religions which serve as havens of escape from fear of the unknown, from resentment of life's realities, from the helplessness of inferiority and inadequacy—in fact, cities of refuge from truth itself. Today, the religions of the world are being weighed insofar as they refuse to recognize, embrace, and profit by modern revelations of incontrovertible truth.

We have already sensed that the saving source of our human superiority is our central nervous system with its highly complicated plexuses and all-pervading nerve ramifications. Vital and potent this system and astutely protected as none other of the body's organs, it is yet so vulnerable that a skyrocketing civilization, operating through a pyramiding complexity of detail, is revealing central nervous inadequacy in multiplied numbers of our generation. The offices of the specialist are crowded and beds of homes and hospitals are filled with psychoneurotics who have broken under the strain; while an alarming percentage of those remaining at work are effortfully struggling to hold their jobs because they lack nervous reserve.

Some schools of psychologists refer to the nervous symptoms of these jittery millions as mechanisms of escape. The obsessed, for instance, finds his mind divided between his fear of infection, his panic in wrongdoing, his apprehension lest he injure another—and the responsibilities of his job. Insofar as he surrenders to such abnormal emotions he displays inadequacy, and is thereby relieved from effortful efficiency.

A large group today are referred to as victims of conversion-neurosis. They escape reality by translating

disturbing emotional situations into expressions of physical illness. The disappointed wife becomes a paralytic. The discouraged student's eyes fail to function. The financially harassed bookkeeper finds release from the tedium of his inefficient toil in an incapacitating writer's cramp.

It is a generation of free beds, of physicians who give 25 per cent of their efforts to the financially helpless, of homes for the poor and the blind and the tubercular, of community chests, and municipal, state, and government philanthropy. Therefore those whose nervous equipment begins to slip its gears are offered a face-saving way out of the toil that irks in disqualifying nervous discord, disorganizing obsessions, or conversion disturbances. Unaware of the mechanisms of their escape, increasing numbers whose inability to make the grade might stamp them as inferior are protected from reproach by arousing sympathy in their unfortunate invalidism. The central nervous system is truly clever in camouflaging life's inadequates.

Various, deep-seated, and far-reaching are the mechanisms given man to save himself from unsentimental reality, which many deliberately, more subconsciously, abuse or misuse. We face the stark truth of this statement when we consider that commonest of all the mechanisms of escape—drugs. The palliative use of narcotics for hopeless and agonizing suffering is a beneficent last resort, and should ever be available for extremities when prescribed. But various sedative and hypnotic drugs are used today from childhood on. Drug-escapes are veritably corner-store commodities,

and certainly a large minority pacify not alone suffering but the least discomfort.

Not without sufficient basis of truth do students of the great masses of the Chinese give the semi-universal use of opium, goddess of the seductive dream, as the underlying reason that one of the oldest civilizations has drifted so far behind the procession of nations that it now faces the threat of becoming a puppet kingdom. Bloodlike splotches smear the sidewalks and roadways of India where gory lips and blackened teeth mark off the multitude who use the betelnut. Again it is hashish. With other tribes it is the coca leaf. And almost universally today tobacco disturbs the body's normal hormones controlling vitality-reserve. But alcohol is the most foreboding of all. Easily obtained, produced from a hundred convenient sources, appearing in a thousand combinations acceptable to taste or sensation, it is enticingly quick-acting in its comforting (narcotic) effects.

Alcohol is preëminently the agent of withdrawal from reality. Under its influence there is no difficulty from which one may not escape. The harassment of long repressed primal libido finds appeasement, even the mental automatics fade into alcoholic dream-life. The completeness of withdrawal may be graduated from a caress of self-forgetfulness to the coma of Lethe, from the blurring of reality's sharp focus to the paralysis of life itself. No human organism is sufficiently strong not to be wrenched away from its grasp upon life when 0.5 of 1 per cent concentration of this drug invades the blood. Acute alcoholic death results directly from central nervous paralysis. Heart, liver, kidneys, may

suffer from its chronic use, but overdoses react fatally upon the brain.

What alcohol does to the normal well-brained man or woman may be serious enough, but its depredations are ghastly in the lives of the mentally inadequate. These are psychiatry's largest concern. In all types of the neurotic, it enslaves many who above all others need the opportunities and encouragement of a simplified, sanely adjusted environment. From the protection of timidity they may become petty, even major, criminals. They are easily swept from their insecure mental bearings to recruit the ranks of the insane. As many as one in seven first admissions in some mental hospitals result from alcoholic damage; while in each community numbers of the nervously unstable remain at large, the town's topers. Later, as alcoholic dements they augment the tax burden by living on and on in county homes.

We have thus in some detail sketched the responses which human intelligence and weakness have built up for protection—for escape. Step by step, advance has been followed by a shadow of needless failure. To attain the possible normal for the generations' future, man must become more aware of the cost of his own choosing. It is for you and me to select, for us to reject, honoring the wisdom which is modern and the strength which is man's.

Devastating Flight.—We have seen protective defenses, each saving in its possibilities, when perverted become purveyors of inefficiency, inadequacy, and human wretchedness. Again we say that the escape which would seem most unnatural is the desire to get away from the reality of self. This is an abnormality which

the psychiatrist encounters frequently in those approaching mid-life. Often as the shadows of the forties begin to lengthen into presenility, one becomes discontented, loses the capacity for joy-hours, feels branded with some inner shame. His regard of himself is debased, and he is disillusioned with life's promises. The good of existence is gone. He is drinking even so early the dregs from a wrongly chosen cup. He is too cowardly to end it all, for there lurks a fear—you might term it superstition—that perhaps there is something beyond this life which he has embittered before midday. He dares not leap into that unknown void! From such a self any less inexorable form of flight is welcome. So retreat into chronic drink-saturation is not infrequent, and is especially disastrous as it badly discredits the reasonable expectation of recovery. These involutional depressions are not unusual interruptions to lives of special usefulness.

The drink-impulse is essentially and fundamentally emotional. We have just described the flight of a sick mind—a picture of the toxically depressed victim of poison, self-created or imbibed. The modern physician will wisely and kindly advise the alcoholic that none of his asserted needs is based upon reason but upon his misuse of self, and assure him that a different type of living offers him a new day. Without help and very wise help, the slough of inferiority reached through mistraining and abuse of life's defense-technique presents a serious outlook. The pursuance of the devastating determination to escape unworthiness and worthlessness continues by its own mechanism until the end is not unlike that of those who live imprisoned with

their brain-sick phantasies. There is a peculiar similarity between the mental states of chronic alcoholics and certain types of the insane.

The reasoning mind readily accepts the revealing truth that alcohol is the author of psychic perjury; that none of the sensations from the mildest self-satisfactions of the unloosed tongue to that oblivion-craving despair which anticipates the mental eclipse of the old soak are real; that there is no sensation, no formulation of thought, no impulse, no emotional leadership, influenced by alcohol which is genuine, which is not a perversion of some fact or feeling. For the poor soak we realize that there is no escape now from the ghastly wretchedness of being without a drink, no retreat from the abjectness of his depravity, but more alcohol.

Chad Revis was born in the nineties, of Kentucky bluegrass aristocracy. Life seemed to promise a wealth of effortless opportunities. His father drank like a gentleman, his uncle like a fish. Neither ever gambled when drinking, nor offended a woman, nor went berserk. Chad's mother was a Kentucky beauty of fine southern traditions, possibly naïvely primitive in her faith and prayers and in her observance of the Sabbath. Her two daughters accepted the good woman's ideals. Chad—and oh, what a likeable boy he was—grieved his mother's heart with every step he strayed from the path of her ideals, but she was helpless in his strong arms when sober or half-shot he would confuse her anxious pleadings as he whirled her dervishlike about the room, depositing her on the couch and stifling her last protest with his handsome face in her neck. Happily, the alcohol of his inadequate handling never allowed him to be offensive to the dear little mother. Perhaps it was fortunate that she passed on when he was twenty-six, for the personality-changes undermining that vividly attractive, social Chad Revis were even then becoming evident.

Why alcohol?

What had Chad to escape? The family rated high in the whole county about Lexington. Funds were always ample. Father, uncle, and the boy were chums. The rolling acres, framed with the typical whitewashed fences, were a romping ground for bunches of blooded stock. The southern home with its six-pillared colonial porch attracted guests from Cincinnati, Louisville, and the deeper South. Chad possessed many qualities that were socially alluring. With opportunities for out-of-door life—always horses to ride and birds for fall shooting—the physical surroundings were ideal. But through it all there persisted the absence of any fiber-toughening discipline. He never would take correction. He didn't have to. The father, peculiarly lacking in the irritability of the old alcoholic, was almost soft with his only boy, and we have seen how ineffective the mother was in guiding his habits. Chad was never required, and never chose, to stand any kind of gaff.

He was but eight when he first felt the warm flush of wine. It exhilarated him to his finger-tips, and for the evening he was brilliant beyond his years. And in this same wine, growing stronger into Bourbon and later into raw gin, Chad found his answer to any difficulty. For years, after the first warmth of apparent stimulation he became groggy, and slept it off. He slept off lessons and was expelled. He slept off other lessons and tutors had to resign. Chad never made college. Twice his love affairs went wrong and were followed each time by a trip to Cincinnati for an abortive period of treatment. His mother's defective heart ceased its life-maintaining efforts and Chad drank himself into delirium tremens, and was sent again to the hospital that his life might be saved.

But this often reforming experience, for delirium tremens can be a chamber of horrors, marked only an interim in his genially dissipated life. Days would pass when cigarettes were enough—two or three packs deeply inhaled kept him comfortable. But a word of misunderstanding, disappointment in a sale, the loss of a bet, the horses failing to take the money,—the reasons became less obvious, the gin less diluted, the hours of withdrawal from reality-contacts more numerous.

It was a grim end! Uncle Jeff, wabbly drunk, was injured by one of his own horses. Chad was decent at the funeral. Afterward, however, his stomach must have been quite empty when he poured in that bottle of raw gin. Clad in his underwear and a silk dressing gown and bent upon obliterating the sight of his beloved, alcoholically-destroyed uncle, this befuddled boy of promise crawled with his pillow into an empty bathtub. His clothing caught fire from a dropped cigarette. Maudlin and frenzied, he turned the wrong spigot. Burned and scalded, he drowned. Thus at thirty-two Chad Revis, a family scion, drew the curtain over all known reality.

Chapter VIII

DWARFED SELF-CRITICISM

On the Defensive.—We approach an interesting, and quite too frequently misleading, aspect of alcoholism as we consider its effect upon the self-critical. The highest types of our kind can weigh their own acts and reactions in the scales of even-eyed appraisal without morbidness and undue emotional stimulation or dejection, without camouflage, alibi, or exultant self-satisfaction. We have reserved our psychologic test of the highest reaches of character-development as our final study of this series of chapters on modern man's reasons for using alcohol.

We must account it large gain that the lofty personal pride of the Middle Ages which was associated only with the aristocracy has filtered into and become a conspicuous part of the make-up of the present day's prevailing middle classes. Theirs has been so large a productive accomplishment; theirs the ability to carry on in self-respecting surroundings; theirs the extensive diffusion of cultural advantages, the dissemination of education; theirs a family bath, electric service, a streamlined car;—why should not enlargement of pride keep step with such spectacular mounting of standards?

But what of this pride? Has it not ever been a

quality which has expressed itself diversely either as a pretense that preens or the pride founded in worth? Of the former, there is still too much. We recognize it in the many who refuse to face, or accept, criticism. They maintain their position painfully at times, for subconsciously they are often on the defensive. It is significant how frequently the moderate or social drinker slips into this self-justifying group, and how consistently sensitive he is to any questioning of his rights in drinking when and as he pleases. Instant he is in defending his and others' use of alcohol, quick to retail its merits, and even quicker to turn the sharpness of his own invective against the motives, methods, and personalities of any who offer objection to the unrestrained distribution of liquor, to drinking parties, and most emphatically, to his personal habits.

Where can be found so large a number wasting dollars, reducing efficiency, losing time from duty, breaking appointments, offending the niceties, violating trust, mortgaging the future, depriving children of opportunities and rights, defiling love, multiplying highway homicides, augmenting the ranks of paupers, reckless patrons of the brothel? Yet they secure undeserved leniency from the logical penalties exacted from non-alcoholic offenders. A superintendent of education or bank president would be held reprehensible and responsible should his defections approach those of many alcoholic wastrels who plead drink as their excuse.

Does not the pride of pretense animate many social cocktails? The desire to appear at one's best, above all to exhibit social capacity for good fellowship, moves

their acceptance by many of the timid. This temptation is specially impelling when one knows that he can carry a few drinks with no objectionable sign of intoxication. Certainly any one not a chronic alcoholic senses with the physical warming within, an emotional softening, an inflow of tolerance, a suffusion of geniality, and lowering of critical tensions. Thus today as always, a few drinks grant an open sesame to levels of communal relationships which would otherwise be questioned or of which one would be even intolerant.

As we shall later see, the introduction of the cocktail into our social lives, the extension of the habit across the waters, carries a black threat. A small amount of liquor taken on an empty stomach enters the blood stream at once and in greater concentration than can possibly occur with much larger amounts when mixed with food. The hostess wants her party to mellow quickly. The sooner conviviality breaks the ice the more certain is her problem of entertainment solved. The cocktail might fairly be ascribed to a Machiavellian cunning. A single cocktail is sufficient to loose the weak-tied restraints of the psychopathic inferior. It flows into the blood current of the neurotic as an elixir of new life. It brings to the average normal person a sense of easygoing satisfaction with fate and affairs; he feels himself safely immune to any weakening reaction to which he may have succumbed on similar occasions—he can carry it this time. A single cocktail effectively does something to self-determination, to discretion, to the finer restraints of judgment. From the social cocktail to the drunkard's gutter—yes, this is certainty for a few; still, all others drink at a cost.

I can sense the impatient resentment of cocktail-users as I state these objections to a habit which is passing almost as a prairie fire from one stratum of society to another in this land of ours. A study of these pages must prove that I hold no brief against an intelligent use of alcohol—but the cocktail is gravely ominous.

The Alcoholic Smoke Screen.—In any discussion of alcohol the writer's audience will separate loosely into three groups: the intellectually, culturally, emotionally independent who drink only through thoughtlessness or lack of conviction; then a large most of us with whom each day is effortful, for whom the major comforts are packed in with responsibilities more or less unremitting —and among this majority will be numbers who can, and many more who can't, drink safely, but all of whom are able to respond to educational help. The third class —who incidentally will probably not spend much time on such pages as these—are the born-susceptibles and inferiors who are helpless in the grip of drink, and when started, cannot save themselves. Their problem, too, must be understood.

As one scans the avenues of alcoholic publicity and notes the multiplied appeals of its advocates; hears the acclaim of its ever loyal victims and senses the power of the propaganda built up by those who profit directly by its sale and indirectly through its association with profligacy, prostitution, and gambling; and observes the cleverness of the rationalization of his neighbors who are unconsciously on the defensive because of their sponsoring of moderate drinking, he realizes the hosts which are on liquor's side.

Truly, a befogging smoke screen it is.

I was recently speaking to Mr. and Mrs. A. During the last two years they had been entertaining weekly—dinner, cards, dancing—in their home. Mr. A. was a fine young business man. Neither he nor his wife had drunk until they began to climb socially. Now, it is cocktails before and two wines during, dinner, with hard liquor, ginger ale, white rock, and ice cubes on the buffet. Help yourselves.

Dr. R.'s son left A.'s home after last week's party with Mrs. T.'s daughter. They joy-rode. Crashed. Nobody killed. The girl's face cut. The boy's wrist broken. It was the first time the doctor's son had been known to be intoxicated.

I talked to A. seriously and thought he was on the point of promising to cut the liquor out of their entertainments, when suddenly he bristled and ejaculated, "Serving cocktails in our home is a matter of honor. People don't have to take them. They don't have to get drunk. But in the crowd we are going with we'd lose face if we went dry." A matter of honor!

Frank D. is a gentle, inoffensive, useful chap. He is city salesman for a small wholesale drug-house. Not brilliant, he has always been so simple-spoken and reliable that he has built up a good line of customers. He made a fool of himself recently at the lodge, and it got to the senior partner's ear. He put Frank on the carpet, and expressed his disapproval; indeed he held up a threatening finger. "Aw, Mr. Derby," Frank confessed, "you know that three times I have had a half pint of something inside of me during the last year—the only three times since I was born. Just those three times when I knew I was as good as you or any of the rest of them! All the other days I was just Frank D.—not much to talk about." The acceptable flattery of alcohol!

Emma S. was a small-town West Virginia product. There was a little coal on their very little farm. Emma finished town high school. There were plenty of other children at home so she moved on to the city, and entered nurses' training. For two years her work was uneventful. Strong physically, emo-

tionally placid, she made no acute friendships and developed no major antagonisms. Four months of operating-room duty lay before her. She caught cold the first week; her menses checked. She cramped painfully the next day and toppled over while "scrubbed up." Dr. D., impatient, said, "That girl's been white around the gills all day. Give her a good slug of whiskey." A slug was Dr. D.'s favorite prescription for both himself and others.

In half an hour Emma was back again fairly floating in ease of effort. What had happened? She had never before felt so competent. There was undoubtedly something askew in her backgrounds. Weekly, daily, now two or three times a day, Emma developed an uncanny cleverness for getting her slugs.

It was a busy hospital. The superintendent, not specially competent, was fussed and concerned about her own position. Oversight was deficient. It was commencement time. Emma was to graduate. New classes were coming in and students' rooms were being changed. Emma's trunk was being moved. "Fo' Gawd, dis woman's got bricks in dis yere trunk!" It certainly was heavy. Going up steps they dropped it and it broke open.

"Fo' Gawd" was right. House-mother was brought to the scene by the racket. An inventory of Emma's trunk revealed two hundred and sixty dollars' worth of hospital silver, linens, surgical instruments and supplies, clinical thermometers, hypodermics, and needles.

She was almost bold in her defense. "I gave this hospital three years of good work. I earned all this and more. It was the only way I could collect. I haven't been treated fairly. The doctors have liked the other girls better. They all have had easier times. I have had it hard. You folks never liked me anyway."

Emma was undoubtedly a psychopath, abnormally susceptible to alcohol. But one year of hidden drinking had developed a well-organized paranoid make-up and a self-justifying thief. Artful alcoholized self-deception!

Julia J. was also a student-nurse, and she, too, was professionally inducted into the use of whiskey—again for menstrual discomfort. And again the disturbance was associated with hospital commencement. The juniors gave the graduating class a party. The internes were invited. The nurses made the punch—the young doctors furnished the spike. Out for a high time of it, they spiked aplenty! A few of the nurses sniffed and turned away; others sipped and set down their glasses; a few recognized that it was heady stuff and did not refill; a half dozen went into high. Of these Julia, unquestionably a born neurotic, stepped on the gas. Around midnight she would have pulled a strip-tease imitation had sober hands not bundled her off, protesting and semi-obscene, to her room.

This incident was properly hushed up. But tipsy episodes became increasingly frequent. Though normally a relatively modest girl, at these times Julia was filled with frothy dramatics, much self-praise, and easy familiarity. Alcohol painted for her an alluring drop curtain before which she acted her part with conspicuous overemphasis of voice and gesture. She was never graduated. Her family need her help today. Instead, she has had to receive custodial protection. Alcohol's black magic!

The alcoholic smoke screen disastrously befogs the susceptible, adds unnatural highlights to the passing picture for the majority, dims refinement's polish in all of us. A psychological blind-spot goes hand in hand with its alterations in behavior. The dependable, trustful man of affairs, sober, is a gay or dull deceiver when drinking. The kindly and patient husband becomes hypercritical, cruelly so it may be; and the high-spirited wife goes back home to her parents. The befogged alcoholic within a single day drinks to awaken his appetite, to settle his nerves, to digest his dinner, to cool off at midday, to warm the evening's chill, to make him

social, to help him stand a conference with carping old Mrs. A. He drinks to forget the business lost, drinks to make merry at the party, and winds up with a nightcap to sleep on. With ten years' daily use, drink threatens to become the one answer to a varying and increasing chorus of needs and symptoms—the black dove of peace.

The Larger Self.—Our ideal quite transcends the mere avoidance of the compromising use of alcohol. To the host of earnest men and women who thoughtlessly, or unwittingly, trust the finest qualities of their personalities to its detrimental touch, may these pages offer an incentive to protect, to attain and maintain, undrugged brain health. Out of this alone flow comfort, satisfaction, increased efficiency, indeed the serenity of existence.

With this in thought I speak again of the faculty of self-criticism, the last acquired and highest of one's forebrain attainments. It is the capstone of the arch which too few place securely, and which they can never maintain under the dominance of the ignorance and prejudice caused by any reality-dimming drug. To those elect ones whose heritage is intact, I write from largeness of knowing and in depth of helpful understanding that they may cherish and bequeath the superiority which is theirs.

We shall not enter the lists with the theologians, many of whom would hesitate to define the human soul. Without disparagement of any metaphysical conception of man here or hereafter, I find harmonious accord with the definition of a brother psychiatrist when he speaks of the soul of man as his attribute of

self-criticism.[1] I do hold the brief—writ with many annotations—that no one is emotionally normal until his self-critical faculties can function automatically. Emotionally normal—mark the phrase. Emotional life is most deeply rooted, and grows out of the instinctive urges. Lacking this soul-growth many an intellectual giant has lived out his unlovely days as an irritating, exasperating, self-centered boor.

Constructive criticism is more concerned with finding the worth than in enlarging the fault. Self-criticism that is neither morbid nor pathologic is constructive. The success that is untainted is thoughtfully wrought, and is an accomplishment attained through fearless self-analysis. To whatever fair objective our ambition would lead, the fulness of its completion will depend upon our ability to carry out the course we have charted. Is it not clear that there can be no union between high ambition and drink? The twain have naught in common.

[1] Strecker, Edward A. and Chambers, Francis T., Jr.—*Alcohol: One Man's Meat*—, p. 9. The Macmillan Company, 1938.

SECTION II

WHAT PRICE ALCOHOL?

Chapter IX

ALCOHOL AND BODY CHEMISTRY

Misleading Teachings.—The balance sheet of life's account carries a hopeless indebtedness against alcohol, and more thoughtful minds are charging that debit to those who profit by its manufacture and sale. The warfare against its misuse is barely a century and a quarter old. In our great-grandfather's day practically all classes and families used alcohol in some form. So much has been done through precept and example that many thousands today are not only temperate in principle, but abstainers in fact.

A goodly share of the disrespect in which prohibition is held may be traced to the lurid scarehead propaganda used by the exhorters of the last generation. As he sits in conference earnestly striving to effect an entrance into the confidence and reason of his charge, the physician encounters difficulty in securing an open-minded hearing. The patient has already been harangued and preached at and his intelligence so derided by overemphasis and misstatement that any anti-alcoholic approach arouses automatic resistance.

False teachings resulted directly from common ignorance of the subject not only on the part of the laity and emotion-driven teachers, but the medical profession lacked reliable knowledge. Without scientifi-

cally ascertained facts it is not easy to understand the extreme irregularity in the effects of alcohol on different individuals.

The number cannot be estimated who have drunk regularly and moderately for many years with no apparent disturbance in conduct or curtailment of days. There are undoubtedly others who can absorb alcohol in quantities and remain steady in their gait and orderly in aspect. Some families trace moderate drinking back through respectable generations; while certain nations nod to their wine or their beer as they applaud their efficiency. To all these the advocate of drink can point with confidence. On the other hand, each temperance advocate—and we shall from time to time employ the term *temperance* in this much used anti-alcoholic sense—can recite a score of examples which make Madame Tussaud's Chamber of Horrors seem realistically mild.

No one knows his personal resistance until drink has had its chance with him. Some will taste and let alone. More will touch and compromise. A minority will drink and be damned.

We stated in an earlier chapter when discussing false propaganda that alcohol does not "cook" the living brain and nerves. Many of the victims of polyneuritis —bedridden, paralyzed, helpless for months—are still labeled *alcoholic*. But they are suffering from vitamin-deficiency through lack of proper food. It is not, as was so long believed, the irritating effects of alcohol which caused the nerve damage. It can now be shown that an average case will recover in a few weeks with a properly vitaminized diet even though still taking

regular portions of strong drink. Formerly, with no drop of alcohol allowed, treatment often dragged out over six months. The polyneuritic case responds promptly to foods rich in vitamin B.

I was much impressed by the first "hobnail" liver offered to our autopsy class. Our brilliant, beer-loving German pathologist seized upon this specimen as a subject for a forty-minute discourse on "whiskey" liver. Within ten years I found myself facing my first case of cirrhosis of the liver in a patient who never had drunk! Scientifically, it is *whiskey liver* no more. The *liver of intemperance* is a truer name. Alcohol alone does not cause it. Intemperance in food, especially when mixed with heavy liquor, is usually behind this grotesque and hopeless worldly ending.

Arteriosclerosis (hardening of the arteries) with its multiplied and dire complications is no longer attributed to alcohol wholly, though chronic alcoholism frequently coexists and predisposes. This illness which often culminates in Bright's disease, cerebral hemorrhage, or angina pectoris is due to a combination of the toxins of wrong living and emotional damage, with nicotin frequently playing an important part.

The scientific study of alcohol—intensive, increasingly intelligent, and eminently fair these latter years—has little good to say for it. Many physicians in active practice do not prescribe it in any form once a year. Its worth as a medicine is practically nonexistent except in the eyes of those whose professional insight is tinctured with alcohol-mindedness. Frankly, we cannot think of this drug longer as being on trial. It has already been condemned. It is man who is on

trial today—his intelligence, his sincerity, his strength of purpose, and always his sense of duty to his offspring.

Alcohol and Food.—The food value of alcohol has been unfairly challenged. It has even been inaccurately branded by its enemies as an inveterate poison. Like bread and sugar, alcohol belongs to the carbohydrate family—producers of heat and energy. The body's utilization of alcohol, however, differs radically from that of the starches and sugars. All these not immediately needed can be stored away for future use, available when required. Not so alcohol! Excepting the small percentage normally oxidized from hour to hour, all excess remains in the circulation as unchanged alcohol, mingling with the blood stream or saturating the body tissues.

Alcohol's occasional usefulness in an emergency is due to the fact that its absorption is much more rapid than other foods. Taken on an empty stomach, it can be demonstrated in the circulating blood within five minutes. Oxidized, its fate is that of any food fuel —it is transformed into energy. Alcohol is one of the very few substances which is promptly and directly absorbed from the stomach. This rapidity, however, is markedly lessened when it is combined with other substances. Fats especially delay its absorption; with so simple a mixture as bread and milk, its entrance into the blood stream is definitely retarded. The body defensively protects itself from continual presence of intoxicating amounts in the blood stream by gradually slowing the rate of absorption in chronic alcoholics. Therefore, the toper's blood may show a definitely lower percentage of free alcohol than that occurring in

the blood of an unaccustomed drinker when the same amount has been ingested by each.

A series of accepted facts will be helpful. Only 2 per cent of the total amount of alcohol taken is eliminated by breath and kidneys; hence 98 per cent must await the slow process of oxidation, circulating meanwhile in the body fluids as a more or less toxic agent. Three hours are required to metabolize, or convert into energy, one ounce of alcohol—less than half an ounce per hour can be utilized as food. Alcohol forms no tissues, cannot be stored as energy, offers no biochemical protection, and acts only for the body's good as a very quickly oxidizing fuel. Besides, it tends to neutralize the vital alkaline reserve by furnishing an excess of lactic acid. Alcohol must always be inadequate in the vital chemistry of life. We can only vision unused excess amounts as threatening, for no other drug is so remarkably diffusible—so rapidly invades lymph, cerebrospinal fluid, bile, pancreatic juice, saliva, even the amniotic fluid surrounding the unborn child. When compared to other foods, alcohol's place is only a ration for the starving.

The slow mechanism of disposal accounts for the prolonged persistence of the symptoms of intoxication; and the subacidosis is adequate explanation for the "rotten" hangover. The acid-base balance, one of the body's most vital biochemical adjustments, has been disturbed. Important tissues must be robbed to maintain the reduced blood alkalinity. The man recovering from a spree is for the time a sick person.

We find in this study of body chemistry a close linkage between the alcoholic and the neurotic. We

have already mentioned that glucose, the carbohydrate of the body's major using, is the only food utilized for the maintenance and activities of the central nervous system. The neurotic is deficient in nervous reserve. The question may be asked, is he defective, too, in central nervous glucose-metabolism? A sugar-crave is common with many of the nervous. The alcoholic urge for drink is likewise a carbohydrate-crave. In his abnormal impatience he wants quick results. He wants, as well, the narcotizing effect which alcoholic excess produces through its direct action on the brain.

I believe we can safely state that the neurotic and especially the alcoholic both suffer from faulty glucose-metabolism. Their systems crave available glucose. Examinations disclose that they both maintain a low blood-sugar curve. There is some similarity between the panicky symptoms which occur in the case of the diabetic given an overdose of insulin which unduly lowers his blood-sugar reserve, the panic of the deprived alcoholic, and the restless apprehension, near panic at times, of the neurasthenic and psychasthenic. In each of these there is a temporary reduction of usable energy-supporting blood sugar. An injection of glucose into the diabetic's veins, and presto, he is his comfortable self again. A good slug of brandy, and the alcoholic can rub his hands and exclaim, "That's fine." The neurotic is also tempted to seek some like relief.

The alcoholic's defective blood-sugar balance provides another reason for that amazing irregularity in the intoxicating action of his beverages at different times. A normal glucose-reserve acts as a protective bumper, definitely modifying the intoxicating influences

of alcohol; hence the striking difference between the effects of drink without food, drink with food, and drink on a full stomach.[1]

But—and here chemical study supports experience—the problem-alcoholic is often a poor eater. This is certainly true of the toxic spreer who does not seek the quick food-offering of alcohol but is willing to jeopardize even life that he may wipe out conscious contact with his own personality in a befogging delirium of drunkenness. He wants raw liquor. Rapid absorption and the narcotic effects of alcohol go hand in hand with concentration. The narcomaniac spreer abjures all niceties of concoction—the less of food, the stronger the whiskey, the quicker and more complete the insanity he seeks.

Physical Damage by Alcohol.—The now easily demonstrated influence of defective food chemistry has relieved alcohol of the onus of directly producing several diseases. Our modern laboratories are rapidly replacing the indefinite with the tangible, and careful studies have disclosed that so far as kidneys, liver, heart, blood vessels, gastrointestinal tract, spleen, and pancreas are involved the steady drinker who mixes his alcohol well with proper nutrition-maintaining foods and who exercises adequately, may drink his toddies in moderation throughout a lifetime with no certain evidence that his days will be shortened. But we cannot pass unrecorded a few proven facts.

Sexual impotence in the male has long been imputed

[1] *Ibid.* Strecker and Chambers.—*Alcohol: One Man's Meat*—, p. 222.

to chronic alcoholism, and I fear we cannot do otherwise than let the blame lie undisturbed. In the next chapter we shall discuss hormones and note the numerous relations between alcohol and the internal secretions. It is most probable that alcohol's unquestioned disruption of endocrine normalcy particularly affects the special functions of the testicles, while damage to the reproductive cells is recorded by many investigators.

The nursing infant is peculiarly susceptible to alcoholic damage. Fatal inflammation of the kidneys has been traced directly to breast-feeding by alcohol-saturated mothers.

Surprisingly, we have to question the chemical responsibility of alcohol as alone causing the deplorable physical wretchedness of the old soak, whose autopsy will reveal organs representing a veritable museum of pathology. Years of combined violation of the laws of physical hygiene and an alcoholic residuum continuously in his tissues perverted his appetite. A chronic catarrhal condition of his stomach and duodenum retarded food digestion and an increasing absorption of the toxins of decomposed food caused a constant irritation of the mucous membranes of the intestinal tract. The oxidation of normal physical exercise was absent, and for years this man's internal chemistry has been grossly defective. His hormone protective balance could not possibly have functioned properly for decades. He is self-poisoned rather than alcohol-poisoned. From this medley of misuse, he fell apart. Basically, he is in the condition of many of the prematurely old in lands and families where semistarvation has long prevailed. In the Orient filthy nonalcoholic Mohammedan beggars

clutter the steps of mosques—foul examples of premoribund decomposition.

Insofar as alcohol interferes directly or indirectly with the fine chemistry of life, responsibility belongs at its door. In reducing the individual's resistance to various infections, it opens the way to diseases he would otherwise avoid or successfully combat. Thus it adds to invalidism and increases mortality.

Hypertension crises, incapacitating and usually associated with periods of emotional emergencies, are specially ominous in convivial, high-voltage businessmen. With wine or beer as appetisers and stimulants to digestion, overeating results. Food excess, even if well digested, unless perfectly assimilated and oxidized by muscular activity, is an ultimate danger. As long as assimilation remains undamaged, the result will be overweight with its increasing burden on the heart. Few combinations associated with drinking are more certainly fatal than the habitual overeating so common among the "good livers" who regularly mix good food and good liquor.

While we write in softened reference to the bodily damage of alcohol and while what has been written may be taken from its context and quoted as an answer to many overlurid misstatements by anti-alcoholic propagandists, through this very mildness runs a stream of unmodified warning to any who may feel tempted to embark upon a lifetime of moderate, genteel drinking. Let us recall that alcohol never adds any wealth of health, any increase or reserve of vitality. As the director of an active hospital, the writer does not remember that either himself or any of his associates has

prescribed alcohol in any form to any patient over a period of approximately one million patient-days, except very briefly for habitués who have entered for treatment. The intelligent twentieth-century physician has a far better reply to every emergency than whiskey.

Alcohol and the Brain.—We have condensed the substance of thousands of pages into a few paragraphs in outlining the pernicious influence of alcohol upon the various organs of the body. Our concern about that damage is less than the general practitioner's, for frankly, we feel that the drinker does much less harm to these organs with his alcohol than the *gourmand* does with his overeating. Our interest from first to last centers about the unquestioned ill-effects of this drug upon nervous tissue, not its hurt to the body, ever its injury to the brain. This discounting, discrediting, destroying agent while often associated with a lowering of general health is the sole cause of alterations in conduct, scaling the gamut from mild euphoria to wild insanity, on to driveling dementia.

We have found how promptly alcohol permeates the different fluids of circulation and secretion. Its presence in the cerebrospinal fluid involves immediate contact with nerve cells and fibers. Their chief protection, indeed their own innate defence, is a larger percentage of fat than is found in most other active cells. But even fats are more or less alcohol-soluble. Thus we see the reason why no part of this highly complicated brain can remain immune to its hurt. From the protective brain membranes to the most hidden nucleus, from center to periphery of this citadel of feeling, intellect, and will, freely circulating alcohol works

damage. We have already seen that acute alcoholic death is due to narcosis and is not unlike that of an overdose of chloroform, morphin, or chloral. It is a brain-death.

Alcohol occupies the mid-place in three groups of drugs which modify brain activity. The mildest of these is illustrated by the caffein in tea, coffee, cocoa, and numerous soda-fountain pick-me-ups. These act as temporary stimulants, the evil of moderate amounts of which is questionable after maturity; in childhood and youth, however, they interfere with the normal development of one's own energy-producing mechanism. Tobacco also falls into this class, and is adequately discussed elsewhere. Alcohol belongs to the mid-group, and it is unnecessary to repeat the completeness of its capacity to modify brain action. The third class includes the more lethal poisons—cocain, morphin, hyoscin, hashish. Of all drugs influencing complex mental processes, alcohol is far and away the most versatile, with marihuana running a poor second. There is practically no abnormality possessed by any brain-affecting drug which alcohol cannot reproduce.

Nor are we particularly interested in the injury to nerve trunks or endings in the form of neuritises or the distinctly rare alcoholic injury to the spinal cord. We cannot overlook, however, its often undiagnosed mischief to the sympathetic ganglia, especially to the so-called abdominal brain on which much of the comfort of the neurotic type and not a little of the emotional sensitiveness and refinement of women and children are dependent. These ganglia, like the brain itself, are peculiarly vulnerable to prolonged contact with even a

small percentage of alcohol. In post mortems of the drunkard, damaging alterations to all forms of nervous tissue are found.

To the central nervous system, upon whose integrity rests man's capacity to adapt and adjust and within which are entrenched reason and judgment; to the sympathetic ganglia, and especially to the vastly important basal ganglia wherein dwell emotional comfort and stability, hope, and fear; to this superb nervous system of modern man, the very basis of personality and the foundation of character;—we do homage. Most of what we have written or shall write originates in the psychiatrist's devotion to that brain which, protected and cherished, may create the superman; which, neglected and drugged, breeds a thousand types of human failure.

Chapter X

BIOCHEMISTRY AND THE MIND

The Intricacy of Life.—The chemistry of living matter was a sealed book before the development of the study of organic compounds. It still presents many problems yet untouched, but with almost bewildering rapidity science crashes one long-locked door after another into the unbelievable treasures of the knowledge of life.

We think of the laboratory as the workshop in which the technician analyzes composite substances and reduces them to his understanding. Of late years we have come to know it also as a factory in which the expert builds the complex from the simple. The bulk of living cells is a chemically intricate compound, protoplasm, upon the integrity of which the health and life of each being depends. Take ourselves, for instance. There is an intake of oxygen, a normal daily addition of water, and combinations of food representing proteins, carbohydrates, fats, and a half-dozen minerals which the millions upon millions of body cells convert into literally hundreds of diverse chemicals. Each of these uncounted tissue cells is a minute laboratory constantly active that the most involved of all machines, the human body, may live, move, and have its being.

Few of us have thought how complicated this is, have

little realized what is happening within our wonderful selves. Tears and saliva are matters of course—we can see them. We know of bile, gastric and pancreatic juices—we hear much of these. We are apt to think of these few products as the most important secretions, and of the obvious waste matter of feces, sweat, and urine as the body's excretions. Here our information and interest usually end. This is but the merest beginning of possible self-knowledge. Blood is constantly being created; lymph bathes every body cell with nutrition-bearing, waste-removing fluid. The brain and spinal cord function normally so long as they are fed and protected through the cerebrospinal fluid. And this is only the vestibule of the chemical intricacies of our lives!

Those of us doing thoughtful reading have been made conscious of the internal secretions called the endocrines. There are some half-dozen small organs scattered from base of skull to pelvis—the pituitary, thyroid, parathyroid, adrenals, gonads (the ovaries and testicles)—which together with the pancreas separate necessary chemicals from the food brought to them through blood and lymph. These they recombine into organic compounds of the most highly complex nature, in which each molecule represents hundreds of atoms. The endocrine secretions contain hormones which are the chemical exciters to numerous complicated activities. In illustration, they determine the growth and shape of the skeleton, separate masculinity from femininity, control the rate and pressure of the circulation, decide when stomach digestion is to start and stop, when bile shall be secreted, when food shall be moved

from one portion of the intestinal tract to another, when perspiration shall be free, or when the skin is to be rough with gooseflesh. It has been estimated by one of America's leading endocrinologists that something over fourteen hundred chemical combinations of the different hormones exist, each capable of influencing some special type of activity in the secreting glands, or contraction of the myriads of involuntary muscles. In fact, they stimulate and govern each of hundreds of variations and modifications in life-processes which occur quite independently of consciousness. Moreover an intimate relation exists between hormone integrity and emotional health.

The last generation gave a vital truth to the popular knowledge of health. Even so highly organized a laboratory as we have outlined cannot create the essentials for life from inorganic material. It may effect a compromise at the expense of the body, but sooner or later, vital reserve is undermined unless life is given to maintain life in the form of living substances, as vitamins of a half-dozen major forms with numerous subtypes are now described. We have already observed that most of the devilment long charged solely to alcohol is the result of vitamin-deficiency in the drinker's food. The organic compounds essential to the healthful continuance of animal life are found in the complex products of animal or vegetable tissues; the vitamins in citrus fruit and in milk and fish-liver oils are particularly rich in these principles.

That we may intelligently visualize the mechanism of acute and chronic alcoholic damage, we shall as simply as possible analyze the normal brain, so essential

to successful living. Its unit element is the *neuron* or brain cell. Many of these are spider-shaped with several short prolongations called *dendrons* which contact neighboring cells. Remoter groups of neurons are associated by more extended fibers termed *axones*.

All mental processes are involved. You sip something from a glass. Through nerve fibers of taste and smell consciousness is roused to the presence in the mouth of a bitter substance. If that bitterness is unexpected, an automatic protective command is sent to the muscles of mouth and throat to eject it, and one spits spontaneously. On the other hand, if one is prepared for the bitterness, knows that he is taking a medicine, the command to swallow is given, and muscles, first under voluntary control, then others acting involuntarily, convey it to the stomach.

This illustrates the operation of sensation, reflex action, and deliberate action, the last based upon judgment; also muscular activity, influenced in the first instance by protective automatics and in the second by considered choice. Two types of activity were excited by the same stimulus. In one case it was conveyed from mouth and nose to the brain centers of taste and smell and thence to reflex and motor foci; in the other, the stimulus traveled from the sensation areas to the seat of judgment where it was associated and interpreted before decisive orders for action were given. All this can be accomplished only through the harmonious coordination of a multitude of microscopic brain elements.

The simplest illustration one can give of what happened is of a freight car coming into the yards of a great railway center, say from Duluth. It must be switched

from one track to another—here, there, and yonder—in order to reach the line which will carry it to its destination, Buffalo. In the shunting of this car to and fro, we see the manipulation of one switch after another, and shortly from the midst of an apparently hopeless maze, the freight car is placed, joined to, and becomes part of the eastbound train.

In a far more intricate manner, the bitter taste has been switched from one part of the brain to another. The sense of self-protection has been awakened, an unpleasant reaction to the taste of bitterness has been aroused, the reason for its presence has been weighed, a decision made, and appropriate action ordered. This has all been possible through an involved interlacing of nerve fibers connecting cell groups and association centers. Like the freight car, the stimulus has passed over numerous switches which in the nervous mechanism are termed *synapses*. In the well-ordered railroad yards these function smoothly as the car is rapidly transferred from one location to another. Thus in the normal brain these synapses act so automatically, so instantly, so perfectly, that the bitter dose is ejected or dutifully swallowed as judgment decrees. The whole process is quick as thought.

The essence of our conception of the influence of alcohol on the brain is that all types of intoxication present disturbance to the functioning of the synapses. The switches do not work. Stimulations do not arrive promptly—stall upon sidetracks. Judgment does not operate. Orders for movement are not carried out. One or many of the infinitely delicate junctions fail to make immediate and unerring contact. We shall hereafter

speak of this disruption of the brain's normal activity as *synapse-dysfunction.*

Thus we find that body and mind—our biochemistry, physiology, and psychology—are ultimately bound up in the capacity of the millions of microscopic junctions between neuron groups and association centers, which automatically make or break minute contacts.

Another two minutes of theory and we shall be more simple. This most sensitive, most easily damaged, and most irreparable of the body's machinery, the brain, is singularly protected from mechanical injury by the hard, bony skull. It is also peculiarly shielded from the various accidents which modify the condition of the blood in that the neuron does not receive its nourishment directly from the blood stream but from the cerebrospinal fluid. This limpid liquid is secreted from the blood by the choroid plexus within the lateral ventricles, and is also filtered through the walls of the brain capillaries. This living membrane of separation we shall speak of as the *blood-brain-barrier.* It is a protective mechanism which saves the so easily damaged brain tissue from the many alterations in blood normalcy, for like a mountain stream, blood and lymph may be polluted with the detrimental residue of infections and toxic states. Inversely, there is evidence indicating inadequate brain nutrition due to a deficiency in the general circulation of vitamins or other essential chemicals which the central nervous system must have. On the other hand, it is not improbable that a defective barrier may fail to select from the blood stream and secrete into the cerebrospinal fluid certain nutritive chemicals necessary to mental health, for we must think

of the barrier as possessing both filtering and secreting qualities. Inadequate filtration allows brain intoxication; deficient secretion results in brain starvation.

It is our theory that the quality of each individual's barrier depends primarily upon his personal heritage. The man who remains sane throughout seventy years of active life has had a better brain-protecting mechanism than some much more brilliant individual who has experienced a series of nervous or mental breaks. Therefore we see the basis of the neurotic's nervousness to be a second-class barrier which allows even minute irritating, overstimulating, or brain-dulling chemicals to pass from the blood stream into the cerebrospinal fluid, thus causing erratic or underactive synapse function.

Here is an explanation of the distinction between those who can and those who cannot carry their liquor. The neurotic's brain tracts have from birth been subjected to perverted stimulation; synapse-dysfunction has occurred repeatedly to sidetrack normal association-response, to confuse the conveying of messages. This is simply illustrated in the useless persistence of some objectionable thought in an obsessed mind. Add alcohol to the neurotic's inherited barrier-deficiency—his tendency to synapse-dysfunction—and you find him peculiarly susceptible to its touch. A few drinks and sanity is lessened. While one with a better blood-brain-barrier, one who from infancy up has lived with smoothly functioning conduction and association tracts, whose synapses have for years worked with the perfection of a carefully maintained machine—with him even the influence of a relatively high percentage of

alcohol in the circulation does not prove sufficient to change him into a perverse, wild, fighting drunk. His conduct will be modified only in a temporary paralysis of narcotism. When consciousness is overcome by the narcotic, he peaceably slips into alcoholic stupor if left alone, and will quietly sleep off his drunk. Until he damages his blood-brain-barrier by his own abuse, he will be able to drink like a gentleman.

With inadequate barrier-protection many of the body's self-created toxins, as well as drug and alcohol intoxication, will effect synapse-dysfunction. Such provocation is the very essence of insanity. Logically, with association tracts in disorder, normal reality-realizing brain activity is displaced by any of ten thousand judgment-defects, hallucinations, irrationalizations, deep-seated delusions, such as are expressed in the manias, melancholias, and paranoias of the active psychoses, or in the final paralysis of all thought, seen in terminal dementias.

Hereafter, may it be clear that anything we have to say—the very core of our teaching—is based upon this conception of alcohol's disturbing action upon the integrity of the microscopically fine mechanism from which hang all mental activities, intellectual and emotional.

Chemical Development.—It will probably be years before the specialists in organic chemistry have tabulated even the main groups of the esoteric chemical activities associated with human life. Bewilderingly complex, instability prevails in their very elaborateness; minor molecular changes produce major alterations in composition. Does it not occur that fragile as we

consider some of the organs of our bodies—the delicate tissues of the eye and the labyrinth of gossamerlike cells and fibers of the central nervous mechanism—they are indeed crude as compared with the far more tenuous molecular complexities of our biochemistry.

Of such are the internal secretions, their hormones functioning chemically with a positive though variable adequacy from birth to death. Of this adequacy we would write in all thoughtfulness. These complicated chemicals so vital to life are manufactured from sources often haphazard. This explains the marked variations in races, families, individuals. Unbelievably facile, more dependably reliable indeed than man himself are these laboratories of life. Without doubt many aboriginals have developed sturdy, may we say, robust biochemical stability in the rough and tumble, catch-as-catch-can, out-of-door life—food intake always balanced by muscle-use. Let us never forget that the muscles are oxidizing blast furnaces within, enhancing all chemical reactions and assisting the organs of elimination in ridding the system of constantly forming waste products. No drugs will ever replace the efficient, available laboratories of efficiently used voluntary muscles.

Man has almost suddenly leaped from muscle activity to brain dependence—a change in a half-century which has anticipated fifty thousand years of evolutionary readjustment. Only through extraordinary wisdom will he today protect his brain from the unpredictable alterations in his biochemistry which mechanized habits of living are throwing upon him. Infinitely less muscular oxidation, a complexity, con-

centration, and refinement of food never before available, and the strain of life transferred from back to brain—small wonder he senses inadequacy! The marvel is that he has adjusted as rapidly and carried on as well, so far.

What does the future hold for the brains of sub-oxidized, overfed men and women who from childhood on are pouring into their systems an unremitting stream of high-voltage, often putrefactive, unused foods? Such habits soon inveigle youth to push aside the discomforts of chemical imbalances which are appearing earlier in childhood to hector the average man and woman throughout maturity—to push them aside first with caffein, now almost universally with nicotin, and more threateningly with alcohol. They confound their delicately balanced body chemistry by drug-substitution which more certainly distorts their already deformed chemical economy of life.

For ages man's problem was to obtain sufficient food by hook or crook, usually of the primitive, simpler sort. In the past a few hundreds died periodically of starvation; today, millions in our land are on the road to needless disease and untimely death through overfeeding.

Now to explain the caption of our section, chemical development. Given average hereditary backgrounds, the physician, assisted by his dietitian, can so arrange food intake as to form digestive and assimilative habits of wise order. He can develop a youth of overaverage stature with an unequalled internal combustion engine, of fine skin, of calm nerves—a perfect physical specimen conditioned for a long life of physical superiority

and emotional comfort. This youth has the advantage of having been protected through childhood's developmental years from perversions of internal chemistry which might have interrupted the possible perfection of his hormone equipment. And when that last major addition to potent self-produced chemicals begins to flow in his veins—the pubescent secretions of the gonads—there should not occur that too frequent disordering of maturing growth which will arrest his higher evolution and condemn him for life, a psychopathic inferior.

Interrupted biochemical development is so common that the person with no type of allergy, of serene digestion, of a hundred per cent hemoglobin, free from catarrhal manifestations, sweet of breath, no headaches, not a victim of moods, displaying no morning temperament, having no tensions to meet, never at war with himself—a biochemically normal man—is rare. Probably the majority of us do not approach the ideal hormone balance.

We have already seen that we early begin to discount this possibility by attempting to sate the craving of the ages for sweets, the easy gratification of which has only been available the last century. By swallowing sweets and concentrated carbohydrates a dozen times a day, the child begins the fatal work of disrupting that creative chemistry of life which could be his. He often continues this habit throughout adolescence in the form of rich confections which, on an empty stomach, frequently take the place of a varied and vitaminized diet.

Those living with second and third class internal laboratories usually possess as well second or third

class emotional reserve. Emotions are the projectors of our feelings. We discover that we are not normal, rounded, comfortable beings serene in our internal poise. And what do we do about it? Inhale nicotin so deep that we may get every atom of prompt feeling-relief offered by quick blood absorption through the lungs? Nicotin alters internal chemistry. Many make a comfortable adjustment to tobacco, and outside of a lessening of total efficiency-reserve, their span of life is probably not affected. But many others not content with its mild medication turn to something more assertive—alcohol. For some there is undoubtedly a clear lead-up from smoke to drink. This is easily understood. Practically without exception those whose lives are complicated by alcohol were toxically unstable before they turned to it for help. They are individuals living with defective biochemical laboratories. The endocrine imbalance creates a sense of unrest. Something is lacking. There is indefinite internal need. After a few trials of the cup that cheers, they find an easy answer.

Technically, we refer to this situation as hormone disequilibrium. No beneficial treatment of the alcoholic takes hold of the matter fundamentally which does not anticipate doing all that is scientifically possible to establish a new biochemical basis of living. Unfortunately, the chemical defect is usually the outgrowth of wrong habits during the first fifteen years. Certain endocrine deficiencies can thereafter be only approximately harmonized. But it is possible to return to simple habits of active, recreative, out-of-door life, to food of high vitamin and low toxic content, to the daily

balancing of fuel and waste. Veritable miracles are possible through biochemical reëducation.

Why Allergic?—The allergies of modern consciousness we explain as a tendency of certain individuals to react in an abnormal way when brought into contact with foreign substances which are innocuous to normal individuals. Why is this man asthmatic when he inhales coal smoke? Why another wretched with hay fever when the ragweed flowers? Why does this one break out with hives after using rich cream? This woman cannot sleep if there are chicken feathers in her pillow. The odor of a cat reduces another to violent flushings and sweating. And on through a long list. Hypersensitiveness of the sympathetic nervous system is the explanation of these distressing symptoms. Chemical influences even so dilute as not to be recognized by the senses disturb a poorly adjusted hormone balance. Why the great diversity in individual tolerance to food, to drugs? What, indeed, but outstanding evidences of different strata of biochemical normalcy!

Lurking within these various allergic symptoms we discover another excuse for alcoholic escape from those recurring distresses which ring the signals of internal disorder. Here we recognize the formation of another of alcohol's vicious circles. Intoxication does blanket allergic discomfort for the time. Such energy as it supplies is barren of any of the food-chemicals needed to fortify against allergic maladies. Alcohol, then, in replacing proper food disturbs chemical balance more positively, and the abnormal habit-groove becomes deeper graven.

From a life study of human reactions, the psychia-

trist has discovered that many moods, expressed in periods of emotional tension, disheartening feeling of ill-doing, a dark sense of sinfulness, storms of temper, and prolonged spells of pouting and sulking, are but emotional equivalents of fever blisters, rashes, wheezings, and nose blowings. Few are so poised in hormone harmony that they do not experience hours of mild apprehension, remoteness from reality, or a foolish questioning of the significance of looks and attitudes of even our loved intimates. Again, with no least drug-stimulation, with no situational reason, we may be thrilled with a sense of uplift and consciousness of energy-reserve, or be unwontedly generous in our thoughts toward all and sundry. It is the ebb and flow —the mysterious ebb and flow—of our biochemical assets and liabilities.

We have thoughtfully considered the differences in the influence of alcohol upon separate individuals; its lesser apparent effect upon the same individual on one occasion and the intensity of disturbance during another bout. We conclude that the reaction to alcohol will be determined first, by the individual's heredity; second, by his reserve of nervous stability; third, by his biochemical condition at the time.

Here we shall pause a moment to refer to a modern grouping of problem-alcoholics as being "damned by psychic allergy." [1] These are they who touch or taste liquor in any form, at any time, in any strength, only to be swamped hopelessly. They are usually the offspring of other alcoholics. We think of them as enter-

[1] *Ibid.* Strecker and Chambers.—*Alcohol: One Man's Meat*—, p. 37.

ing life with a defective blood-brain-barrier. Synapse-dysfunction is an established tendency. With these the use of alcohol is dangerous, devastating. For them it is always a rapid poison. They never will attain any capacity for its temperate use. Self-control, reason, judgment, decency, depart from them with small amounts of any form of liquor. They are foreordained problem- or pathologic alcoholics.

Possibly it is wise to employ the term *alcohol allergic* for those so constituted. One may even decline the wedding cake if because of defective pancreatic secretion he is allergic to sugar. It may be much easier and wiser for the problem-drinker to say to his hostess, "I am sorry, but I am allergic to alcohol," than to start an argument by saying, "I am on the wagon."

Truly, a minority is rapidly developing who if society is to maintain standards of maturity will learn to say frankly, "No, thank you, I don't use it. Ginger ale or a tomato juice cocktail, please," with the same *sangfroid* that they remark, "No sugar, please," when served after-dinner coffee. The *métier* of the hostess will be judged by the graciousness with which she bestows upon her guests the freedom to exercise the right of not drinking.

Chapter XI

ALCOHOL AND REALITY

Ethical Conduct and Drink.—When the mind deals with its ethical self, it evalues the highest stratum of development—the consciousness of right and wrong in man's relations with his fellow man. Ethics involves refinements of judgment, emotional generosity, and inhibitory evolution not approximated in any other human progression. If no other brief were held against alcohol than that from its first unmetabolized swallow down the descending steps of the ladder of intoxication the ethical is discounted, this single deleterious quality evicts it from lives concerned in betterment. Damaged bodies are more and more skillfully treated by physicians and surgeons. The evidence of injured minds is so promptly obvious and protective or custodial care so available that the hurt of drink can be met. But when the ethical, the moral nature gets out of hand, where is the cure?

The penalties of alcoholic misuse are vicariously endured in terms of heart-suffering hidden in the lives of helpless dependents. Forthstanding among its evils is its destructive influence on home building. Parentage is discredited; the ancient honor thy father and thy mother repudiated; the avowed I will cherish spurned. It fouls the home, center of ethical growth.

None of the penalities of abuse is so dire as that

resulting from the inevitable early rejection of the higher, even the average, standards of right and wrong. Throughout the ages humanity has looked to Utopian idealists for leadership in the advancement of man's relations with his kind. Confucius, Christ, Buddha, a thousand known and many more unnamed saints, have shown the better way. The throb of progress has alternated with the ebb of reaction, but the ages have wrought a steady advancement of fraternal levels. Wherein has alcohol played any part in morality's promotion? How many institutions for higher learning, moral welfare, ethical refinement, has alcohol founded? What individual has ever drunk for the good of another?

No other drug so baldly unmasks the personality make-up. It has been well said that a drunken orgy opens Pandora's box and allows that which even the drinker wot not of to slip past all restraint. One is astonished, appalled, yes, repelled, at the unsuspected crudity and vulgarity which alcohol discloses in a long respected sober companion. Who knows what may escape his cultural barrier when he is intoxicated, or which of the evils thus let loose he may be unable to return to the confines of his control?

Whatever the ideals, the refinements of self-criticism, whatsoever may have been the visions of one's sublimation, they are gossamer under the coarsening touch of intoxication. I know of no more graphic indictment against drink than the charge that the very "soul is soluble in alcohol." [1]

[1] *Ibid.* Strecker and Chambers.—*Alcohol: One Man's Meat*—, p. 14.

We have seen drink as the most accessible channel of escape from the consciousness of any cloying reality. The very lengths to which its victims will go to secure this escape would, if possible, emphasize the guilt of the drug. There is no level of conduct-standard which may not be pawned to satisfy the yearn for drink. No promise too sacred, no memory too revered, no duty too obligatory, no opportunity sufficiently far-reaching,—they all melt before the whiskey-crave. For drink men have perjured their word, no longer binding; women have defiled their honor, no longer valued. No price is too humiliating to pay for the bottle of depraving forgetfulness.

To those whose experience brings them into intimate contact with a procession of the intoxicated, the picture presented by each is revealing. A long list of superficial appearances may be cited: the whining, the bellicose, the prayerful, the amorous, the tearful, the supercilious, the obscene, the contentious, the self-pitying, the deprecatory. But underneath these obvious reactions, the observer notes two essential types, and ominously or hopefully he now regards his patient. To the specialist, benign or malignant forms of intoxication are thus exhibited. As a student of the abnormal mind, the psychiatrist notes in one alcoholic a substratum of neuroticism. Agitation, apprehension, compulsion, conversion types stand out, and in such individuals the alcoholic danger will be less serious. Other patients will display manic, assaultive, depressive, suicidal, or sexually suspicious, paranoid trends which reveal the threat of psychotic damage; in them alcohol finds potential candidates for insanity. They belong to the malignant class.

In our efforts to enlighten the drinker during the various psychotherapeutic conversations planned, a series of thought-producing questions is propounded. One of the earliest is, "To what degree does alcohol discredit your conduct?" In the first weeks of therapy rarely can one in ten squarely face the suffering and damage he has brought to others, or the disgrace which deservedly overshadows himself. Reality has been fogged, self-critical capacity has been dwarfed, pride brought low, refinements forgotten. Ethical conduct and drink are strangers.

A small western college honored Rev. M. with a doctorate in divinity following one of his revivals which cleaned up the county seat. Truly, a moving tongue he had! More than one religiously thrilled sister had remarked, "His lips have kissed the high altar." If for no other reason than the multiplied evidences of his saving helpfulness, a charitable curtain of protective obscurity will surround his memory.

The wife didn't overnag or overpray. His daughter never chided. The church never expelled. But he lived as the apostle, in more or less constant war with his members. The Christian ideals of his teaching and the power of the native urge were separated by effortful striving which none but the doctor himself will ever know.

Two or three flings before he married. He honestly told her all—all as far as he could remember, for he himself never knew the details of those nights of looseness and brawling. Eight years, then five, and then quite regularly every two, he broke over. Communion wine was always his downfall. The church supply of that sacred beverage would be exhausted before midnight of that particular communion Sunday. It was that first, then any drink which would plunge him into oblivion remote from pledges solemn, from confidences sacred.

By Monday noon, unless rescued, he would be in the midst of an orgy of unrighteous living which would only terminate in a ravenous feast of Bacchus. It was a disputed honor among

the sporting women who could most vividly entertain so rare a guest, unfrocked for the nonce in unchecked revelry and uninhibited surrender to license.

In later years be it said to his lasting credit that following months of understanding treatment, from choice he gave his generous ministrations in the midst of saving surroundings.

Judgment and Intoxication.—Probably no more revealing examples can be given to impress upon understanding how small an amount of alcohol may disturb the finer qualities of judgment than the daily stories of automobile accidents. For years the recognition of alcohol's guilt in highway traffic-slaughter and -maiming was shortsighted. But today the burden of responsibility rests upon the one who drinks and drives. This is graphically illustrated by comparing two sets of statistics. In 1933 England reported 3297 fatal automobile accidents and attributed responsibility to but 1.1 per cent of drivers under the influence of alcohol. No chemical examinations to detect the drug were made. The reports were given by officers who based their opinions on nothing except the appearance and actions of the drivers. In 1936, in an American series of 119 consecutive accidents, the drivers were subjected to laboratory tests and 62 per cent exhibited a measurable amount of alcohol in blood or urine.[1] The modern 50 to 100 h.p. automobile, traveling at 50 miles an hour becomes an engine of destruction. The safety of lives hangs upon acuteness of perception and nicety of movement-precision of feet and fingers.

I just laid aside the morning paper. A heavy ambulance on its mission of mercy ignored a stop-light and

[1] *Edinburgh Medical Journal.*—44:633–44, October, 1937.

crashed a car containing four women, touring a thousand miles from home. In a minute they were four corpses. The ambulance driver believed he had the right of way; still he admitted that when he saw the car ahead of him he missed the foot-brake and stepped on the accelerator.

A hundred milligrams of alcohol in a hundred cubic centimeters of blood reduces mechanical efficiency and slows reaction-time practically without exception in those of reduced blood-brain-barrier protective integrity. With twice this amount confusion, judgment errors, lessened valuation of risks, impetuousness, impatience, explosiveness, is quite the rule under even moderate emotional stress. While the so-called alcohol-allergic's judgment errors are appreciable with even 0.05 of 1 per cent.

Society has been unbelievably patient in its semi-condolence of a host of the consequences of intoxication, placidly accepting drink as an excuse for defective judgment. The mass of road-accidents today is past condoning, and we must look forward to the enactment of increasingly punitive legislation impartially enforced. The public prosecutor in pressing the conviction of the ambulance driver—there was alcohol on his breath—demanded a ten-year sentence for manslaughter. "Only two drinks, your honor," the defendant pleaded.

So far we have referred only to a moderate intellectual blurring of reality—those minor judgment-defects in which the difference of a split second of reaction-time, a mere synapse sluggishness which calls for added stimulus to force the messages through to

associated centers. From these hesitancies caused by slightly dimmed sensation or slowing of comprehension, step by step, drink will rob the individual of his mental superiority in his own group, later dropping him below the standards of his own race, and finally sinking him even beneath the instinctive levels of the animal kingdom.

Dr. Patterson was a Scotch-Irish neurotic, well-trained in his profession and having a way with him. Yes, neurotic he was, for every time he took a fling with the boys he went noisily hilarious and the only thing was to knock him out some way—which they usually did by drinking him under the table.

Dr. Mabel Evans was practicing in the friendly resort town where Dr. Patterson located. It was a semi-economic, semi-romantic union. She was Scotch English—she would take care of the accounts. They would both live on allowances, bank the balance, buy real estate, and prosper. There would be no children, and there would be no drinking. Under which arrangement they married.

And the Drs. Patterson did well. The wife was the more careful—the husband's way made him popular. He was apt to be overconfident, and was careless with the little Archer girl. He did not get a smear. Consultation was called. False membrane was present. Diphtheria of the larynx. A tracheotomy barely saved the child's life.

Husband and wife turned from each other hard-faced that night. His pride was hurt. Then he rationalized: "I know I know medicine. My head ought to work better. I'll help it." A secret drink before he visited any important case seemed to clear things. For six months he cleverly kept it hidden. Then again—. It was in the family of a mutual friend. The wife's temperature continued high. She told her husband, "I believe I smell liquor on Dr. Patterson's breath. Send for Dr. Mabel." And again it proved carelessness—malarial parasites this time, so certainly revealed by blood examination.

Dr. Mabel was a man of her word. She had given warning

before their marriage that she would never practice with him if he drank. When she faced him with her knowledge, he lost control—struck her, cursed her, accused her of undermining his professional standing. Alcohol had made him jealous as a spoiled child. He now drank openly and defied her. In that state the law was adequate. Dr. Mabel, the county judge, and two other physicians gave the now mentally irresponsible doctor the advantage of an indeterminant course of institutionalized reëducational treatment.

It took a year. He is now a Dr. Patterson of different standards. His excellent mentality has been enlisted in behalf of his own professional, domestic, and personal salvation. Some orderly years have passed. A wise wife rescued a valuable man. A few months ago Dr. Patterson wired, "Brother Fred needs the works, too. Keep him till he learns better."

The Drunken Body.—The power of alcohol to displace reality on the distinct levels of life probably finds its most spectacular effects when it reduces the body from womanly beauty and manly bearing to the slough of physical degradation. We have observed the crumbling of the ethical and the confusing of the rational as this drug operates upon the well-named higher human centers. This debacle of the best frequently takes place with no obvious physical impairment.

In the absence of definite mental disturbance the instinctive or lower centers are normally more resistant. An intoxicated mind may not exhibit a drunken body, but additional intake, a few added highballs for some, extra pints for others, and the symptoms of physical drunkenness become evident. The slurring speech with apparently thickened lips and tongue reveal interference of synapse function in nerve tracts as old as the race. The fingers, too, lose touch-delicacy, productive

accuracy, and finally capacity for any coördinate action. The tremor of palsy demands the reinforcement of one hand by the other, that the glass not make too sloppy connection with lips that fumble and mumble. The feet fumble as well, and the body reels in motor ataxia. The saliva drools; food is bolted, mouthed, or slobbered. Loss of bladder and sphincter control remain unnoticed or ignored by the now inchoate mind.

Back from manhood into childhood, from the childish to the infantile level of inhibitions! How remote, what an utter desertion it is from the physical estate of manhood! Grotesque, repellent! From fastidiousness to filth! And the woman descends from fineness to frowsiness toward lewdness! Sinclair has perfectly said, "Drunkenness pushes man as much below brutes as intellect elevates him above them." [1]

Judge Andrews sat on the circuit bench over twenty years. He married Mary Preswell and a comfortable estate with a proud colonial mansion, as well. Two boys, two girls, promised an ideal family and a golden aging. But the mother's grandfather and two uncles had drunk long, often, and disastrously. She was not to mother four normal children.

David, Jr., the oldest, developed well into an almost striking six-foot specimen. With his light brown tousle he attracted attention on dress parade and in the team—a good left guard he was at old Brighton Military Academy. For David, Jr., to follow his father's footsteps was the dream of both parents. But it was not to be. His head seemed to bog up in the sophomore year, and how horribly drunk he could get! Even then the boys called him a beast. An ambitious wife lived with him less than eighteen months.

He is now in his late fifties. Tall and spare, his head pitches

[1] *Ibid.* Strecker and Chambers.—*Alcohol: One Man's Meat*—, p. 13.

forward on his long neck as though to threaten his balance. He shuffles down the street seeing no one, or if so, giving no one notice. His teeth are long since gone, and it would seem that he was ever chewing his gums as he mumbles to himself.

One spree a month he has averaged for thirty years. He just deliberately gets drunk. Drinks alone. There is a servant's back room—part of the old quarters—which is the hide-out he tries to make after he starts. When he miscalculates, he is picked up here or yonder—dead, dirty drunk. It lasts a week unless he is restrained. Then with revolting stomach he emerges from his filth and vomit to dodge his people until the next escape from such of reality as is left to him.

If David Andrews has one surviving virtue, it is that he lives and sins unto himself. He asks no man's help between sprees, consciously accepts no assistance when drunk, and goes through the grim process of sobering seeking no one's sympathy. Moreover he has never run up bills, flashed checks, borrowed a dollar, gambled, visited dives, been assaultive or abusive. He lives apart, he drinks apart, and responds to physical periodicity not unlike an irresistible ebb and flow of some tide. His entire life since youth has been regulated by physical sensation. To escape the internal revulsions of a viciously toxic self—for the Andrews' table reeked with richness—he drinks to saturation and unconsciousness, then faces the deadly nausea of a whiskey-intolerant stomach. A sordid cycle of existence!

Herein we relate in theory and in uncompromising example the psychiatrist's unmitigated indictment of alcohol: its deceptive, relentless, inveterate seduction of minds, fine or simple, from the integrity of their contacts with reality.

Chapter XII

IMMORAL, UNMORAL, OR DRUGGED

Alcohol and the Vicious.—As we study the cost of alcoholism—the price in human life, suffering, and efficiency—we are considering a subject vast in its scope, deeply entrenched in its power. And one which to be fairly weighed must be approached from numerous angles. What price alcohol? We have early considered the drug itself and its action on different organs. It has become apparent that its effects on conduct vary inversely with the nervous stability of the individual. In our present chapter we shall review three of the outstanding relationships of alcohol to man and his morals.

We shall deal more specifically with the neurotic's inherent susceptibility in the chapters on treatment. A certain understanding sympathy has, I trust, been awakened for the many whose heritage foreshadows alcoholism. We now approach academically two aspects of the relationship between man and drink which in practice must be handled by sterner methods: the use of alcohol by the vicious for malignant ends; and the reduction of otherwise safe citizens to criminal levels.

The most primitive and unchangeable of the moral laws recognizes the inalienable rights of mine and thine. Maliciousness in the individual or state invari-

ably violates this standard. The might makes right of the autocrat who glories in his open use of force carries the malignancy of the bully. The use of alcohol to preëmpt property rights and to debase honor by undermining inhibition exemplifies a form of viciousness the more reprehensible, indeed the more contemptible, when insinuated under the guise of friendliness, entertainment, or favor.

Dr. John's mint juleps never wiped the smile of affability from his face and late into his sixties his broadcloth Prince Albert was carefully brushed and his white, starched shirt-front kept always spotless. Black Zeke was his shadow, ever at his beck and call, ever humble, eagerly servile.

"Zeke has been with you thirty years, Dr. John?" I queried.

There was responsive twinkle, a disillusioning flash of satisfaction, in the old doctor's eye. "Yes," he said, "you couldn't drive Zeke away from me with pitchforks. And he only costs me some old clothes and a pint of cheap whiskey a day—and of course, kitchen leavin's."

This is a mild illustration of endless abuses continually perpetrated by the strong over the weak or unfortunate, with alcohol the enslaving medium of barter.

We have avoided many references, but are moved to quote Dr. Auguste Forel, whose studies on the effects of alcohol are absolutely uninfluenced by either political or religious bias. We do not think of Switzerland as a country in which the alcoholic problem has been outstanding, but Forel's investigations were made in this land of thrift, temperance, and industry.

"In all countries where the alcoholic habit reigns, it accounts for from half to three-quarters of the crimes, a great share of

suicides, of mental disorders, of deaths, of diseases generally, of poverty, of vulgar depravity, of sexual excesses and venereal diseases and of dissolution of families. In fifteen large cities of Switzerland, one-third of the male suicides and one-tenth of the deaths in men above twenty years are wholly or essentially referable to alcohol."[1]

What part of all this crime, poverty, and wretchedness is the outgrowth of any least regard for human well-being? Is not 99.9 per cent of it an outgrowth of selfish profit, heedless of the cost to others? How many thousands are less fortunate than Black Zeke who did have his master's cast-off clothing and the leftovers from a rich man's kitchen? What more potent enslaving power is legalized by man than that which authorizes the trafficking not alone in bottled goods but in human values? Unhappily, our cluttered volumes of statistics give no approximation of the cost to our nation in dollars of damage done through injury and death, disease and invalidism, inefficiency, crime and insanity, directly traceable to drink. And who pays this unestimated bill? Least of all he who profits by its manufacture and sale! No, the earnings of the sober, law-abiding man are swallowed up in the wanton wastage of alcoholism.

". . . and sendeth rain upon the just and the unjust." How strikingly true this bit of scripture is as we look upon the saving helpfulness of medical science in relieving historic alcohol-fostered prostitution of its second most vicious abomination—venereal disease. Few more brilliant victories have been attained by medicine

[1] *Ibid.* Henderson & Gillespie.—*A Text-book of Psychiatry,* p. 43.

than the conquest of syphilis through early and sure diagnosis and the vast advance in the efficacy of its treatment. Syphilis strode side by side with alcohol for generations as civilization's enemy No. 1!

In 1891, old Professor Carpenter, who knew life well, gave his first lecture to our freshman class in medicine. He shook his finger in our faces and shouted, "Remember, young men, 98 per cent of prostitutes have gonorrhea!" This bearer of filth, this breeder of sterility, and for thousands of women this grim messenger of invalidism and death, has now been shorn of its evil. The inhibiting, protecting fear of venereal infection is practically a thing of the past. But the crime against womanhood, the recruiting of unrecorded millions each year into the ranks of the life of shame, goes on with alcohol the chief aid of the procurer.

We again quote the seriously earnest Forel:

> "The rôle of alcohol in prostitution, of which it is the principal support, is not properly realized. In its most brutal and ignoble forms, prostitution would be impossible without it. It is by alcohol orgies that most girls are seduced, and by chronic alcoholism that they are maintained in that state of stupefaction." [1]

Spread over our land on the wings of emotionalism, prohibition came too soon. The knowledge of the nature of alcohol and the understanding of its effects had not become fixed in the majority of our people. Even so, within five years prohibition was 75 per cent effective, with a distinct fall in the admission rate to asylums, and in criminal convictions on alcoholic grounds.

[1] Forel, Auguste.—*Die sexuelle Frage,* p. 316. 16th ed.

Dr. Horatio M. Pollock of the New York Department of Mental Hygiene says:

"Alcohol was reported as the principal cause of the patients' mental disease in 633 cases of the 1920–23 group and in 1535 of the 1936–37 group. The smaller annual number of alcoholic first admissions in the years 1920–23 probably was the direct result of a reduction in excessive drinking.

"During four years of comparatively effective prohibition the admissions to the New York State hospitals for the insane averaged 204 per year, as compared with 852 per year for 1936–37 under the present license system." [1]

The saloon, fondly called the "poor man's club" by its protagonists, was closed. And presto, the poor man had his chance! The bootlegger's profiteering made small appeal to the wage earner. Deprived of his Saturday spree, he had a balance from his pay envelope to start a bank account and to buy him a home. No group of labor in the world approximates the high standard of living maintained by the present generation of American workmen since they turned from drink.

Bootlegger? Yes, here was the canker in the fruit which was to undo the potential good of a nation embarked upon a crusade of eliminating the evils of drink.

We have outlined different aspects of demoralization in standards of ethics, in maintenance of character, and much disintegration of conduct as certainly follows alcoholic use by the innately susceptible as the shadow, the substance. Crime does not enter into the lives of

[1] *Mental Hygiene*—XXII, No. 1, January, 1940, pp. 113–124, "Use and Effect of Alcohol in Relation to Alcoholic Mental Disease Before, During, and After Prohibition."

thousands until their levels of behavior sag because of lowering inhibitions. Sober, they remain safe citizens; intoxicated, they become social problems. Other thousands dare not undertake crime in the full possession of their protective senses—they must be fortified by drink. Then caution fades. It is the exceptional criminal whose unsocial acts are not directly or indirectly the offspring of alcoholic influence.

Alcohol and the Foolish.—And who, pray, may the foolish be? A question well asked. There are numerous classifications aiming at the standardization of minds, normal and subnormal. In view of the lack of international harmony in the matter of mental disorders, we are outlining for the purpose of clarity in brief résumé specific terms employed in this book. These definitions represent the author's simplification of more authoritative yet diverse divisions.

The *idiot* represents a mentality of less than three years; the *imbecile's* mind ranks between three and seven years; the *feeble-minded,* between seven and twelve. We place the *moron* as the highest grade of the feeble-minded; he sometimes has an exceptional memory and may display a certain aptitude in some skill. These often spoken of as *psychopathic inferiors* usually are timid and nonaggressive. On the other hand, the moron may display stubborn, bellicose traits. The entire group are of the subjective type of mentality. All are obviously deficient in the capacity to develop mental completeness. They never have been, nor can ever be, mental adults. Unhappily, they make up over 5 per cent of our population; some authorities even state that one out of twelve is mentally defective

by inheritance. Other many who reach psychic maturity suffer later mental loss through some severe central nervous illness, such as encephalitis, meningitis, brain injuries, or epilepsy. Illness causes them to regress from normal mental maturity into some stage of inadequacy. The importance of these details becomes apparent when we consider the preternatural susceptibility of the mentally handicapped to the detrimental influence of alcohol.

Psychopathic constitution describes those who inherit a tendency to mental or nervous disorders; they are innately predisposed to psychoses such as the infection-exhaustion and manic-depressive groups. The latter division embraces a large variety of the frank insanities—basically emotional; outstanding symptoms are various expressions of mania and melancholia. *Psychosis* is a technical term for insanity.

History is vividly illuminated with combinations of neuroticism, genius, and alcoholism. The term *foolish,* of course, does not apply to that great company of neurotics to whom we have made frequent reference as being peculiarly susceptible to alcohol not only because of the very delicacy of their nervous mechanisms but for the reason that their protective barriers do not function to fortify them against food- and drug-harm. There lurks a tendency in the neurotic—more or less episodic—to fail in meeting difficult situations; many of them turn almost instinctively to liquor in their flight from themselves or from the perplexing obstacle. They are prone to recede from such maturity as they possess into mental instability ruled by emotion. *Foolish* always refers to the frankly intellectual level of

the individual's mentality, reasoning capacity, and evolution of judgment. Still it is often hard to disentangle the more important affect-deficiencies from an associated judgment-defect or inhibitory weakness. One serious student of this problem has challengingly stated that alcoholism cannot persist in the emotionally mature personality. The interrelationship of alcohol and defective emotional make-up cannot be exaggerated. The power of unrestrained emotion to override all barriers of inhibition ofttimes temporarily converts the wise into the foolish.

Psychopathic personalities evince particular importance in our study, for in the face of apparent ability they consistently fail to profit by experience. Let us helpfully enlarge the definition. They may be morons (psychopathic inferiors) who display conduct-abnormalities. On the other hand, they may exhibit normal or exceptional mental brilliance; they may be physically attractive; their emotional evolution may be quite deceiving;—but they usually fail, for reasons not yet clearly determined, to attain acceptable moral judgment-standards. This failure is not voluntary, vicious, nor malicious. There is a positive deficiency in the colorblind to distinguish primary colors: these psychopathic personalities are equally blind to ethical values. We use the term moral in its derivative sense to represent the *mores* of the time—the standards of right and wrong adopted by the tribe as the law regulating relationships. The degree of moral imbecility may be greater or less, but some prime color in the moral spectrum is missing and fatefully can never be developed.

These moral defectives constitute a major problem in many homes and communities which perplexes the wisdom of the jurist, even of the psychiatrist. Their cleverness takes the place of integrity—the end always justifies the means. Untrammeled by standards, a physically attractive psychopathic personality may possess alluring charms—devastating, his ways with the love-foolish maiden. His intellectual brilliance may be intriguing to the college president and even to the competent man of affairs. So from the forger, successful in many crimes, down through the social gate-crasher, the heart-breaking, spendthrift son of devoted parents, the rolling-stone knight-of-the-road, to the drunken bum whose triumph is to inveigle a drink from a stranger,—such is the vivid gamut of the psychopathic personality.

All and singular of these psychopathic unfortunates, whether belonging to the so-called inferior or personality classification, are peculiarly helpless prey to the brain-invading fumes of alcohol. With them judgment is either the thinnest of veneers or is dangerously absent. Any impulse may take control; any type of conduct—ridiculous, humiliating, unsocial, repelling, criminal, destructive—may follow close on the heels of the first drink. Let us know that in these groups association paths are curtailed—the higher, impersonal, and ethical tracts are not evolved. They operate chiefly directed by the ego urge. Under drink little is left to guide conduct but uninhibited, primitive, self-assertive, animal desire.

Since possibly one out of twelve in our country, certainly one out of twenty, is defective, the problem of

handling alcohol with subnormals is major. We understand now why each morning paper carries the news of some alcohol-inflamed tragedy. Emphasis cannot be too strong that alcohol is a specific poison for all these. For many of them the effect of drink in taking them out of themselves is but to thrill them for the time with a sense of untamed power. Since a restraining conscience does not speak in the psychopathic breast, since suffering of others has no place in his conception of things, his devastating orgy which sends his family into the seclusion of shame brings to him the bizarre satisfaction of appearing in the spotlight on the center of the stage—the moral imbecile's ideal.

Most psychopathic inferiors and personalities must be included among the incurable alcoholics who, lacking moral judgment, are safe only under some type of protective restraint. Many of the latter will enter upon a reconstructive regimen with surface enthusiasm. The examinations and conferences give them the joy of the limelight. They express a coöperative eagerness which wilts in face of the first temptation. Any opportunity for prominence in the group, for instance leadership in some rule-breaking disturbance, appeals to their judgment-lacking mentalities as evidence of their importance. On the other hand, the morons may be incapable from the first of following directed standards, while some of them are without any capacity for coöperation with the group. These are a few of the limitations which complicate the reconstructive care of the alcoholic mental defective.

Jacob Farr succeeded. Half Welsh, half Irish, he was clever and persistent. He built up a specialty factory in a mid-Ohio

town, and his patented office chair became standard equipment. The wife was thrifty and intelligent—some of the old Pennsylvania-Dutch mixed with her Scotch blood. They worked together in conventional, matter-of-fact union. Their one idealism centered about Fred, their only boy.

He was clever. At sixteen he had grown into an attractive, curly-haired brunet. Somewhat undersized, he proved a good quarterback. Fred was not specially popular because he would cheat. The boys realized that his greatest satisfaction in winning was to have successfully cut a base or denied that the tennis ball touched the line at some critical decision. He bragged about his capacity to put it over teachers, the other fellows, and his old man. He was good in languages; geography, history, and mathematics held him back. He finished prep school the June after he was sixteen.

The revelation came that summer. Three of the boys floated and paddled down the Ohio and the Mississippi. They got as far as Memphis where Fred took his first drink, went on a rampage, and landed in jail. He sent home a series of entirely misleading telegrams—he had had an accident, was in the hospital, needed a hundred dollars. It didn't work. His father enlisted the interest of a business friend and got the true facts in the case. But for weeks after Fred returned home, he was telling tales implicating the other boys and putting himself to the fore. He even bragged to his now shocked and dazed mother of unmentionable experiences.

His father acted with decision. The Chicago specialist shook his head gravely. He recommended a year away from home under a tutor-companion. Fred was too clever. Before he was seventeen he ran off with a twenty-year-old woman. She had had two years in college, was pretty, affectionate, soft, credulous. He swore he was twenty-one when he got the license. In prayerful hope his parents took the couple home. This fine young college girl might be Fred's salvation.

He lived in the excitement of this escapade four months. Then the second spree—this time in Chicago. The checks he flashed were not large but numerous; it cost the father over a thousand dollars to cover them.

Fred's wife had relatives on a western Texas ranch. They would go there, away from the temptations of the city. But the monotony irked the boy. He got hold of what money he could; went to El Paso and began drinking; crossed the river; gambled; got into a shooting scrape. It cost the father five thousand dollars to get Fred out of a Mexican jail, to clear up and hush up the mess.

There seemed to be no better place than the ranch. Again a companion was employed. Again Fred got hold of money. Disappeared. He was barely eighteen years old—had been a father just a month. They claimed it was a hold-up. Again there was shooting. In despair the father let the law take its course. Fred Farr spent two years in a Texas penitentiary.

This sketch graphically illustrates the helplessness and hopelessness of certain well-born psychopaths. Unmoral not immoral. Not too responsible at best, utterly irresponsible when inflamed by drink.

Alcohol and the Duped.—"Oh, doctor, you know everybody drinks these days. How am I going to face my old friends? I'd be ashamed not to be one of them."

I believe it is women I thus quote more frequently than men; yet this conception is deeply entrenched in the minds of the majority who come or are brought to us for help. The propaganda of drink has attained startling proportions during these postprohibition years. Probably never in the last century in our land have as many of the well-to-do accepted alcohol as a social equal. We have mentioned the benefits of prohibition in creating a great army of temperate, self-respecting wage earners. A generation since, the social status of alcohol was questionable. It smacked too strongly of the saloon, gambling hall, and brothel.

During the reign of prohibition, drinking in the home grew apace. Contraband liquors were expensive. It cost good money to patronize your bootlegger if he had class. Some officials were straight—it took self-pleasing cleverness to get by the law. So prohibition dressed up alcohol, arrayed it in sports clothes and evening garb. The purveyor of wet goods learned much those dry days. He found a new, more classy market. He could now make quality as profitable as quantity had been in the old days of the open bar. And so it came to pass.

Now, the pages of no magazine are so expensive as to preclude the distiller's advertisement. A number of publications of national popularity would appear to be subsidized by the liquor interests. My secretary recently counted the references in a single copy of a well-known weekly. From bold, full-page, highly colored, artistically portrayed commercial appeals to pride of purse and sense of safety to seductive intimations in articles and stories—all without exception romanticized alcohol. Practically every page carried some pro-alcoholic expression or illustration—87 to-drink-is-smart allusions in one issue. Outstanding characters give obvious prominence to their need for drink, to the physical and mental benefits derived. They emphasize their reliance upon the flask or the decanter in any emergency.

Rarely does the villain, the criminal or any abject character mention drink. How pertinent the directing hand of propaganda! The dollars paid journals of this class must be irresistible for each issue's artistic publicising of the special delicacy of aroma, smoothness

of taste, finesse in blending and aging in the wood, of sundry liquors. When one searches edition after edition and finds no least reference to the realities of drunkenness—the pauperism, crime, and rottenness at the other end of the road—that start with the spreading flush of pleasure portrayed in the cheeks of the yet undamaged, complicity is clear.

How rarely is the bald squalor of alcohol depicted! How consistently the cocktail-bought social joys are illuminated! On stage and screen, in current literature, in ten thousand social gatherings today—in the artistically alluring cocktail lounge, in multiplied evening clubs with bars resplendent, graced often by society belles in *décolleté* mingling with gallants in dinner coats—alcohol has certainly stepped up. Its entrenchments are no longer in the grog shop and the sporting house. It has invaded the home, and high society accepts it as a social equal. So profitable has this new company proven that organized producers of advertised brands of whiskey, gin, brandy, now assume *camaraderie* as they counsel the public. They advise temperance and emphasize its manliness, frown upon the degrading misuse of liquor, and deprecate the weakness of the uncontrolled. Half-truths all!

What is youth to do? What influences protect him from the enticements of such ultraclever publicity? From the examples of the thoughtless? From the inveiglings of the unmoral hostess? And above all, from the deceptions of alcohol itself, as it surely changes heaviness into smiling glamour?

The personal influence of those who accept social drinking as smart is not alone responsible. Repeatedly,

patients lay the blame for their problem-drinking at the door of physicians. I recall a score of women who claimed their drunkenness was due to their doctors who counselled them to take a hot whiskey for any of a dozen minor ills. A larger number of men were advised to keep a bottle in their desks for use when they felt let down and needed something after an attack of grippe or even a sharp cold. Numbers come to mind for whom liquor was prescribed for poor appetite and, conversely, for the discomforts of indigestion; or to fortify the patient against catching cold or picking up the flu; or regularly before the evening meal when one had had a hard day; and even more often as a hypnotic for both men and women at any wakeful hour. "Keep it at your bedside." Significantly, almost without exception these prescriptions were given by doctors who themselves were periodic drinkers. In the absence of the prescribed dose, many so professionally advised are soon to find themselves assailed by new symptoms —the crave for alcohol—more disturbing than those for which it was originally advised.

Etta Crandall lived in Cairo. Her father had an office in the courthouse. They owned four lots, and their home stood on the corner. They kept no servant. There was no brother, but Etta and her father raised enough potatoes to last the winter, and more than plenty of peas, beans, and sweet corn for the summer months. Etta was a good-looking girl when she finished high school. She married well at twenty—a widower, the county treasurer. His father had slowly died of tuberculosis; and he himself had a hacking cough for which the doctor prescribed an old-fashioned remedy, rock candy dissolved in whiskey. They kept a quart bottle of it on the pantry shelf. When Etta felt any symptoms of cold, she took a swallow. Her husband

used it every night. Five simple, happy years, then flu and pneumonia, and she was a widow.

The life insurance paid the mortgage on the house and for a three-room enlargement. Etta took in boarders, and not only made ends meet but saved some. She was lonely, worried more than she should, and had trouble getting to sleep. She went back to Dr. Furst. He had been kind in her husband's last illness. She liked him. He had never married, and she often thought how lonely he, too, must be. He became an ideal. She told him of the rock and rye he had given her husband and how restless she was after a hard day with the roomers and boarders. The summers were hot on the river. It was sometimes difficult to get help. He suggested that she take a little straight whiskey at bedtime, "I'll get you some from over in Kentucky. It is lots cheaper that way. Take a good nip when you don't sleep."

It started rather slowly. Etta never was obviously intoxicated, but her visits to the doctor grew more numerous. He did not sense what was happening. He regarded her with kindliness as a brave woman making a lonely fight and doing a good job. Then he received two letters from her. The first accused him of caring too much for a woman-patient. The second recalled his "promise to marry" her. The doctor was dumbfounded. Etta's parents were dead. An older sister lived in Cairo. He sent for her. Meanwhile there was another letter threatening to expose him. All had been clearly signed with her name, Etta Straub.

She was sent away. A year and a half of treatment was required, so slowly did this patient's mind throw off the disturbance wrought by a few gallons of whiskey. Months dragged by before she could accept the truth that a damaged mind had produced her paranoid state and be convinced that for her liquor meant neither relief nor drunkenness, but insanity.

Alcohol-free she has conducted her rooming house, self-respecting and respected, for over a half-decade. Dr. Furst wrote long since, "I'm sure cured of prescribing whiskey to widows."

Chapter XIII

THE APPROACH—INTOLERANT, SOCIAL, SCIENTIFIC

Zeal and Intemperance.—Politics, religion, and temperance probably constitute today's chief controversial issues. When the Syrian poet sang of license and love ages ago, he praised alcohol as "divine water." Contemporaneous biblical writing condemned it astutely, "Wine is a mocker, strong drink is raging." These two quotations represent well the two camps that have been entrenched against each other these thousands of years. There have always been those who would eat, drink, and be merry regardless of the morrow, who would snatch whatever bedizened hours they might and let the future take care of itself. Others have ever looked beyond the hour toward the ultimate good, have envisioned a heaven that fadeth not away. And the controversy shows no slacking.

In calling the names of those who have gone on record for or against drink, I wonder if there is one as unmoved by prejudice, more wise from experience of what he spoke, whose opinion would be better balanced than Shakespeare's? There are those who say that his taking-off was the indirect result of a night when too many tankards of sack were drunk. But he missed no flights of intensity in his writing, and few lines stand

forth more vividly than his, "Oh, that men should put an enemy in their mouths, to steal away their brains!"

Where indeed, shall we look for calm, unbiased opinions and attitudes? Not to the reformer, for probably next to religion the subject of temperance has developed more unmitigated zealots than any other. And when teetotalism is interwoven with religion and is presented on a 90 per cent moral and a 10 per cent scientific basis, many statements are made, the soul-born fervor of which is unquestionably inspired by the noble desire to save humanity here and hereafter, that fail to stand the test of truth.

Emotionally conceived societies such as the Sons of Temperance were born in this country a century or more ago. These have been augmented by many years of sacrifice and prayerful labor devoted by the members of the Woman's Christian Temperance Union, the well-organized and at times inspiringly efficient work of the Anti-Saloon League combined with the efforts of smaller temperance organizations. They have been reinforced by the personal leadership of nationally-known temperance advocates—Murphy, Sam Jones, Dwight Moody, and the pioneer of the sawdust trail, Billy Sunday, and the English Gipsy Smith.

Benjamin Franklin like Shakespeare approached most questions with a catholicity which awakens confidence. He wrote in his autobiography with no ardor in expression, "Some of the domestic evils of drunkenness are houses without windows, gardens without fences, fields without tillage, barns without roofs, children without clothing, principles, morals, or manners."

Unfortunately, much of the anti-alcohol approach has been ordained to burn itself out in the very heat of its zealotry. Probably there has been no intemperance more marked than some of the methods employed in the teaching of temperance.

The motives influencing pro- and anti-alcoholism are as deep-seated as human instincts. Cheap to produce, easy to diversify, with an available market of possibly 50 per cent of the population, defended by advocates as brilliant as the legal profession evolves, fortified by social influences as powerful as wealth, favored by historic precedent, and above all, backed by massed capital which can dominate the press, invade literature, emblazon its wares in a hundred types of publicity, alcohol today commands unequalled propaganda.

I first saw England from an Imperial Air Liner. As we approached Croydon Field we beheld an aëroplane ribbon across the afternoon sky in silver letters against a background of London smoke, an advertisement of a popular whiskey.

Last fall the noisy exhaust of a circling plane drew the attention of sixty thousand who were giving their Saturday afternoon to witnessing the clean rivalry of a great football game. Trailing the machine was a hundred-foot pennant, "Blank's Beer is Best."

I had motored five hundred miles for that afternoon of sport. There were four of us devoting our lives to the problems associated with damaged brains. This was to be an afternoon of relaxation. We were sitting at the edge of the student body. The boy's face was just taking on the stronger lines of manhood—he was probably a sophomore. He was not from a wealthy family, so bespoke his clothes. It was a fine, rich, red

mop he wore. He had missed the kick-off. His legs were already rubbery as he half-pitched into his seat immediately in front of me. He had only a muddled idea of what was happening on the field. Maudlin, he broke forth a few times. Attempted a college cheer, then finished the two or three ounces in the bottle. His language was offensive. He fell familiarly against a woman whose husband started to make trouble.

Forty years of contact with men in all stages of intoxication was a help. The boy was just about out. I drew him back between my knees and quietly suggested that he sleep it off, that I would awaken him when a touchdown was made. Sleep he did, hardly moving for two hours. His memory of that Yale-Princeton game was a drunken haze.

From the uncounted youth of our land, rich in promise as this boy whose life we touched for a few moments, an appalling minority are as certainly headed toward the damnation of their parents' hopes as to ultimate death!

In preparing these pages, I have reviewed in detail the literature of the last decade. Heartening progress is being made in transforming an intensely prejudiced appeal to fear into a fair presentation of the basic principles of saving knowledge. Probably there is no influence, not excepting the sexual urge and personal ambition, more determinant in right and wrong conduct than alcohol. By all means, intelligent minds should be approached educationally, not emotionally. Yet as we discuss the details of various needs in treatment, we shall see that moral suasion remains the lever by which certain men and women are most surely lifted. Ideals instilled into the untoughened fiber of early years by righteous influences may later slumber; may be covered by the backwash of disillusion, of mistakes;

may be buried under the abnormalities of years of drinking;—and still retain regenerating power. The moral issue will never become archaic though pure science has not yet uncovered its rationale. Probably no restoration proves more lastingly gratifying than that which mingles the sense of rightdoing with reason-satisfying understanding.

Zest and Drink.—As we approach alcohol's place in modern society, we touch a subject electric in content. The social stratum resents the implication that it is responsible for the drunkard. Who, indeed, is a drunkard? Opinion splits a half-dozen ways. Raymond Pearl arbitrarily made three groups in his book *Alcohol and Longevity:* the abstainer, the moderate, and the heavy drinker; the last two he subdivided into the occasional and steady. The abstainer was reserved for those who had never taken alcohol in any form. The moderate drinker included any one who used it at any time, in any amount, but who had never been intoxicated; while with heavy drinkers he classed any who had drunk to intoxication, whether once, rarely, or frequently.

The influence of the extremist is here apparent. Would it not seem eminently unfair to brand as a heavy drinker for the rest of his life my young friend, the sophomore at the football game, if when he sobered that November afternoon he came to himself and pledged the strength of his youth to abstain, and ever honored that resolve? Few of society's leaders would accept for a moment Raymond Pearl's standards. They would consider them with only a shrug of the shoulders as representing narrow-mindedness. Still if

one of these leaders were asked what in his mind constituted a drunkard, he would portray an extreme of the hopeless sort—whiskey nose and rheumy eyes, palsied hand, fetid intoxication. To the unthinking who daily or periodically turn to alcohol for zest, this drug possesses no threat so long as one does not make a spectacle of himself, or lose face. To these thousands social drinking is as safe as it remains genteel.

An intelligent enquirer now asks pertinently how science would answer the question, "Who is a drunkard?" Without equivocation we reply that the hour one turns to alcohol as a necessity when facing the physically or mentally disagreeable, or uses it as an escape from any unpleasant reality, that person has become a drunkard—not a sot, but an addict. He has turned from fight to flight, from rational assimilation of the difficult to self-deception.

We might continue our analysis of the drunkard an anticipatory step further. Even physicians are prone to confusion when they meet symptoms of mental abnormality associated with alcoholism. When an individual becomes irrational through drinking, one of three conditions prevails: A plus alcohol is disagreeably or dangerously drunk, still is capable of promptly returning to himself again when sobered; B is an abnormally susceptible person, a so-called alcohol-allergic, and an aberration develops into an alcoholic psychosis from which mental recovery is delayed; C is already mentally abnormal, a psychotic, to whom the effects of alcohol are immediately devastating and who retains his psychosis even after alcohol has been re-

moved—he is a drunk insane man rather than an insanely drunk man.

Let us consider the example of Europe. Through centuries the masses were held servile. Their overlords actively encouraged them to forget their hopeless estate in the relative obfuscation of cheaply produced wine and beer. Thus habits and opinions were shaped through succeeding centuries. Later, the danger of infection from sewage-contaminated surface wells gave a semiscientific reason—still quite adequate for the average tourist today—for the belief that only wine and beer were potable. These light liquors used in moderation and mixed with food result in very much less obvious intoxication than is evidenced in England or America where hard liquor drinking is common. So custom long ago put its seal of merit upon select wines for the socially fortunate, and mingled *vin ordinaire* with bread as the staff of life for the man with the hoe.

Therefore in the treatment of the alcoholic, we meet the self-satisfyingly fixed belief that wine and beer are safe. The physician is resented who demonstrates the practical equality of alcoholic content in a stein of beer and a wine glass of sherry, or a modest whiskey and soda. Each averages one-half ounce of pure alcohol; indeed many mugs of beer carry a larger amount than a moderate whiskey. Too often the therapist meets positive refusal to accept the statement that from champagne through the wine list, from ale and mead, porter and stout, down to ordinary lager beer, the 4, 6, 8, 15 per cent alcoholic content in these various beverages is the basic reason these drinks are

served. To quench thirst, to provide refreshing food of high vitamin-value, to decorate the festive board and add harmless zest to a meal, a hundred forms of alcohol-free fruit and carbonated combinations are universally available—and ignored.

Again, we turn to Dr. Forel who, in a conference held in Brussels, Belgium, protested against the still current view that wine and beer do not produce alcoholism. He stated that in the course of eight years he had treated more than one thousand alcoholic patients, the majority of whom had become drunkards through the consumption of wine and beer, especially the former. This eminent student of the problem had his attention drawn to personal symptoms which seemed to him significant. From a study of himself he gradually extended his investigations to the effects of drink upon his fellow men.[1]

In society, in business, in politics, in the professions, that man and woman is rare who is capable at all times of presenting himself charming, alert, spontaneous, and superior to any shadow of the irk of the day or the weight of business responsibility. Is it not significant that only the minority are able to sparkle without champagne and to infuse the table-talk with a heart-warming flow lacking the suffusion of wine? Men and women are choice who can laugh with infection without having first shrunk their critical standards by cocktails and mixed liquors. Is not every zest-seeking drink a covert admission of personal inadequacy?

Alcohol is the most available and inexpensive of all

[1] *British Journal of Inebriety*—July, 1938.

social lubricants, and no social gathering need go flat as long as a spiked punch bowl is obtainable. Throughout the ages high society has received no more justifiable condemnation than that it fosters a resentment of the normal give and take of life, objects to productive effort as degrading, and prides itself that laborless ease represents worth. It is difficult to endure so empty a life over a period of years without some equally artificial aid in maintaining such empty pretense. Alcohol comes into its own, and is justified by society's thousands as a panacea for ennui. Any reasonable protest is the bleating of a joy-killing crank!

As we consider the zest for drink, we face discouragingly often that question which will not stay scotched, "How can one drink temperately and safely?"

Those of normal heritage have always been able to drink at will and stop at will, no matter what stress of life was theirs. There have been many whose lives have been so protected by provision and circumstance that there has been practically no stress; pride and the lack of need for escape have combined to keep them safe.

It has always been difficult for the neurotic to confront the uncomfortable. His need for artificial help seems real, but his incapacity to resist the evil of alcohol is more fatally real. The maxim for all who seek zest in drink yet would not be its victims is, "The first drink I take to escape something I don't like, is my last."

Stoicism and Alcohol.—The scientist pulses with the intent to replace ignorance with knowledge. To him the need of others quite transcends personal desire; he

knows the fulness of satisfaction through years of research. Behind this purposeful enthusiasm science stands for stoicism.

We have already considered the scientific findings in regard to the effects of alcohol on nervous tissue and the reactions of different minds under its influence. The statement has been repeated that the average pathologic alcoholic is neurotic by inheritance. The type of deficiency producing the psychopathic personality has been graphically illustrated. The writer has expressed the opinion that food-intoxication produces a much larger harvest of mental damage than uncomplicated alcoholism, while combined intemperance in both alcohol and food results in a major percentage of mental fatalities.

The peculiar similarity between the effects of alcohol upon the mind and the symptoms of various types of insanity have been illustrated, and the hope has been expressed that the increasing numbers of those defective in their capacity to handle alcohol without harm may be better understood and protected. We have seen the passing of the methods of intolerance, even those inspired by humanitarian and near-righteous sentiments. Intolerance breeds counterintolerance. We are unable today to control a problem so interwoven with the nation's economics, so intensified by moral idealism, so impregnated with questions of personal rights, so clouded by ignorance, misunderstanding and misapprehension, personal pride and resentment. We find ourselves facing an organized underworld strengthened by a semiliaison with the social fast set. The legal restraints of prohibition failed.

But science will never remain passive while a drug is daily corroding man's very sanity. Science is giving heed to the source of disintegrating mentalities, to the fateful invasion of the germ plasm from which another generation is born into added neuroticism. She will not allow the citadel of civilization, the holy of holies of human superiority, to be insidiously dissolved in alcohol without a struggle. Insofar as an emotional element appears in these pages, let us hope it may enhance scientific stoicism by the warmth of humanism.

Within the last generation an infant has been dropped into the lap of psychiatry to satisfy the need of a fuller approach to the problems of mental illness. Mental hygiene is the offspring of preventive medicine, and to it has been assigned the tremendous task of educating generations to come in the true effects of alcohol upon the mind. Mental hygiene was not inspired by the teetotaler, is not an offshoot of any sect; it is the child of science.

Psychologic support of the argument for any use of alcohol by either normal or abnormal is woefully weak. The appeal of desire and society's popularizing enthusiasms when tried in a court of mental hygiene are found wanting. The objective of mental hygiene is the elevation of individual standards to sane serenity of living, to the best utilization of mental powers without pretense by the self freed from needless incapacitating anxieties and fears. Mental hygiene would lead us all to accept our limitations without resentment, to face our fears with reason, to meet what the day brings fairly, to adjust ourselves to the inevitable with that philosophy which is man's best attainment, and

not to allow any type of falsity to defraud us of the satisfactions of small success, of the happiness which is inherent in most realities,—to let none of these possible human assets be filched by the falsification of drug-artifice.

Science insists that even small doses—the usual social drinks—always depress the proudest mental functions. Those whose lives are given to daily contact with various types of nervous suffering note an undoubted increase in the anxiety-types of nervousness. The very means used to avoid modern complications intensify their difficulty. Strangely, there is no psychic symptom of discomfort, disturbance, or deficiency for which alcohol is taken but is ultimately emphasized through its use.

To the unhappy many who find themselves encoiled within the tentacles of this drug, the realization is to come sooner or later, when their need is most acute and the situation most intense, that the staff on which they have learned to lean is wanting—a will-o'-the-wisp. Alcohol never put one particle of ability, courage, manhood, or charm into any individual which was not already there. If mind and character are rightly trained and the body protected from biochemical discrediting, if will, character, personality, and ability are shielded from alcoholic falsity,—self alone will be increasingly reliable today, next year, and more victoriously ten years hence. The growing strength of the nonintoxicated self is not to be known by any drinker.

There is a way back. A few short cuts exist, but usually it is a steady grind back to the road of safety. Reëducation—intelligently, undramatically, patiently

directed reconstructive help—is available for all drinkers who are not psychopathic inferiors, psychotics, or who have not reached that degenerate stage of alcoholic damage where irreparable organic changes have occurred.

Chapter XIV

SIMPLE, DIFFICULT, INCURABLE

Simple.—We now approach that outstandingly important division of our study: What can be done for the varied victims of alcoholism? The writer turns the pages of forty years' records covering intimate, personal, daily contact with thousands of patients including every expression of alcoholic damage to mind and body. He writes seriously, hopefully, confidently.

Accepting as a foundation principle of treatment that ultimate responsibility rests in the patient's own hands, we condense an apparent confusion of personalities and symptoms into three practical groups: those who can help themselves; those who don't help; and those whom we class as incurable, the unfortunates who can't help.

Each case presents an individual study as distinct as the patient's backgrounds, emotional development, reaction training, and ethical ideals. The basis of reconstructive treatment rests upon the conception of the unity of the whole man. Each patient's problem is wrapped up in his physical, intellectual, emotional, and volitional make-up. He should at all times be studied as an entity, and treated as a discrete personality.

Cataract or myopia is referred to the ophthalmic surgeon or the optician. In like manner let us think of

the management of the alcoholic addict as the singular work of the psychiatrist or the particularly trained psychologist. Rarely, indeed, may a satisfactory outcome be anticipated through a haphazard, stop-gap effort. Special preparation associated with selected surroundings and reinforced by a trained organization offers the most promising result.

Given such advantages, the problem with which the earnest patient has been wrestling in vain is so promptly and comfortably solved that an early confidence is frequently enlisted. Of all the elements involved in the far-reaching therapy, to stop the craving for drink is one of the easiest.

The experienced therapist soon recognizes that the outcome for certain cases is most hopeful. The ideal patient from the standpoint of treatment-success we class as benign, and describe in detail in the following chapter. This is the man whose physical health has not been undermined and who has a record of some definite accomplishment. He has won recognition as efficient in something. He has responded to ideals at some period. When sober he is honest and presents himself as one who has tried earnestly to stop drinking, has failed, and now seeks help. Drink-free he is coöperative and still capable of facing the economic loss, the physical and mental suffering, which his drinking has inflicted upon himself and others. He accepts as a responsibility that some one or more are dependent upon him. Moreover he wants guidance, and is anxious not only to save himself from common drunkenness but to regain the self-respect and efficiency of his normal ego urge.

He responds hopefully to assurance. When the stiffness of the upward trail is pointed out and coöperation over a period of months asked, there is no impatient withdrawal, no covert compromise; nor is there unbalanced overenthusiasm of half-baked self-assurance —rather a recognition of his need and a grateful acknowledgment of the help proffered. Added to this is a willingness to sacrifice something, possibly much, besides the deprivation of alcohol—certainly to stop inhaling nicotin, perhaps the entire use of tobacco. He senses that habits must be constructively altered. He expects to meet daily periods of will-redeeming discomfort, and does not demand that every hour be adjusted to his liking. This ideal attitude is climaxed by a serious acceptance of the reasonable conclusion that for him abstinence is to become an honored principle.

Thoughtful insight, the conviction of need, and the capacity coöperatively to surrender errant desires outline the qualities of this most favorable group of alcoholics. Such a patient may be entered for treatment in large confidence, for the therapist knows that his efforts will be simplified and the results gratifying.

Somewhat less hopeful is the man who has accomplished in the past, but who has carried on over a period of years gradually leaning more and more dependently upon the artifice of drink. At last he recognizes that he has exhausted every charm which alcohol can offer. It no longer permits him that passing daydream of sufficiency, of the welling reserve of ability. No longer can any of its guises—and he has of late tried a score of new concoctions—dissipate the shadow

of possible loss, self-discouragement, that mounting dread of failure.

More than having exhausted alcohol's charms, he may have reached that critical point in his drink-dependence when without its benumbing influence apprehension makes acute the fear that heart, nerves, brain—that something vital within is wrong. It is no longer drink and enjoy, but drink or suffer. Any man recognizing all this and asking for treatment on this basis falls into the hopeful, if more difficult than the first, group.

Not infrequently a sharp, life-threatening attack of delirium tremens may provide a most opportune setting for helpful therapeutic guidance. The exhausting agitation and ofttimes appalling hallucinations of this experience flash so pregnant a warning that when the patient comes to himself he can but know the gravity of the effects of drink in his case.

Life-threatening, so the profession has looked upon delirium tremens throughout the centuries. Today's advanced knowledge, however, again removes alcohol from the major rôle in this dramatic episode. Only as it has deprived the individual of sufficient vitamin B_1 is it responsible for the frightsome procession of dancing and slithering apparitions which drive the patient into near-frenzy. Now we know that adequate doses of the ever needed vitamin chemicals injected into the veins every few hours will lessen the attack by half, both in time and intensity; this likewise quite promptly relieves the threat to kidney damage associated with delirium tremens. Here we graphically recognize that derangement of the sugar-starch (carbohydrate) nu-

trition of the brain may result in one of the most vicious mental disturbances. Acute chemical starvation of the brain cells may produce sudden insanity in him who fails to mingle an adequate dietary with his alcoholic meanderings. Under average drug-treatment the mortality in delirium tremens long stood at 15 per cent; under more recent expert care this death rate has been reduced to the vanishing point.

Howard Franklin was a master carpenter, rangy, lean, tough. His face indicated some of the refinements of Scotch-Irish backgrounds. He lived in a small city of twenty thousand. Mrs. Franklin was a good housekeeper, a patient nagger; in fact, besides preparing his meals and keeping the house in unimaginative order, she wasn't much of a wife. They had no children.

So Franklin got in the habit of spending Saturday night in Jerry's Place with a socially satisfying bunch. This had continued for ten years before the boys had to lug him home for the first time. Franklin won an election bet when he was forty-four and he spent it all in Jerry's—and none of them got home till morning.

After sleeping a short time, he awakened and spent a restless afternoon. Later, as the shadows lengthened he began chasing a neighbor's dog around the house—significantly, the dog wasn't there. The frightened wife called for help. He was taken to a special hospital where for two days more he chased and fought that dog till perspiration dripped and he panted for breath. Even in a continuous bath the dog was on his chest. Then came the critical sleep. He now accepted his enemy as a bedmate. Twenty hours he slept and his first question was, "Where's that damned pooch?"

Within a few days he was to use that good common sense which was part of his heritage. Even with his limited advantages he accepted suggestions about a better way of spending his time and money. She still wasn't much of a wife, but they adopted a boy.

That was thirty-three years ago. Prohibition closed Jerry's Place, but Franklin had never been back. The devotion his ordinary wife could not hold went to the boy, and for wholesome years they were pals. Today, Howard Franklin, venerable in his fine crown of waving white locks, sits on his adopted son's porch and plays with his grandson. Three days of insanity sanely assimilated wrought a lasting rescue!

Contrary to the lay idea, the daily drinker, called also the regular or steady, is decidedly more promising than the occasional or periodic type; and of the latter the irregular periodic is less hopeful than the weekly or monthly spreer. The routine of habit has been broken for the regular alcoholic twenty-eight times in a month's treatment, while a three-month cycle probably has not been interrupted at all. The daily imbiber often drinks largely because he drinks—he responds to an established habit. The irregular periodic is able to meet his daily routine soberly, but succumbs to some tidal wave of emotional disruption; this is much more devastating than the ebb and flow of the diurnal tide of affairs. And the reaction is correspondingly intense.

There is another hopeful group to whom drink is a symptom of some curable focal infection: a defense against the effects of unwholesome diet, retarded convalescence from acute illness, or unemployment.

Scanning a long list of simple, hopeful, successful cases, I recall as the most heartening summation of the situation that comment of a Chinese who when told in primary terms what would be expected of him responded, "Can do." Many alcoholics *can do*. Success is not alone for those who can help from the start.

Many when drunken are helpless or rebellious, who sober, are willing, perchance eager, to help themselves.

Difficult.—"Doctor, can you make my husband quit drinking? Is there any hope?"

With modifications this question is put to every psychiatrist who devotes any part of his time to the alcoholic problem. We have already answered the first clause. Under proper surroundings any drinker can be promptly taken off alcohol. Put the drunkard in jail and he suddenly stops drinking. But this is not the objective. Her question should have been, "Can you teach my husband to live without drink?"

Now we face our problem. And here's the rub! The husband resents the very word *abstinence*. It requires only moderate therapeutic skill to care for the intelligent, eager, willing applicant for curative directions; but enlarged knowledge of the alcoholic problem, trained assistants, and an ordered environment, are essential in affording adequate restoration to the difficult case which comes with no idea of self-help. He is usually brought against his wish, even shanghaied, into an institution where he wakens from his soused or professionally doped stupor to find himself deprived willy-nilly of his rights as free, white, and twenty-one—maybe under court commitment. If physically and mentally damaged, obstinate refusal to face the harm that alcohol has done him may be expected.

However, records of special workers show that the results which follow wisely conducted, adequately treated problem-cases are as hopeful as medical or surgical care in other difficult fields of practice. But again success can only be built upon a stable founda-

tion. The alcoholic who enters resenting help may be led to discuss and accept the many reasons for sobriety. Even the sulky, resentful time-marker may in the course of months come to his senses and transform that stubborn willfulness into sturdy determination to make good.

Those who in youth were not prepared to meet life four-square are difficult: mother's darlings emotionally untrained, or the apple of papa's eye; the sons and daughters of wealth and overindulgence; clever youngsters who got by the easy way until the easy way was the only way they could consider. They are not equal to the exactions of maturity.

Out of these a given percentage have capacity to receive benefit, but months—multiplied months for some—devoted to scientifically, unsentimentally conducted reëducation must be spent. In following chapters details of this modern rational approach which has lifted the hopelessness of their problem to a level of reasonable restorative possibility will be developed.

We speak more fully of the frequency of maladjustments in home life. Young people make contacts in school and college with other young people whose home training has differed from theirs, whose freedom has been larger, whose allowances more generous. Or they are associated with popular, brilliant, personable youth whose ways are more alluring than is possible for them because of the staid regulations from home. These and other causes may jar the younger generation out of sympathy with the old folks. Parents have failed to inculcate values in their children. They have failed to secure recognition of the principle that in accepting

parental maintenance they incur an inviolable obligation to give unequivocally their service, respect, and loyalty in return. Three roads of filial honor are open to the youth of high-school age: a grateful and dutiful attitude; parasitism; or to go out on his own. Ten examples of empty rearing come to us as alcoholics to one who with any reason complains of overdiscipline.

Many unfortunates do not reach a self-satisfying degree of adequacy when their parents are superior, brothers and sisters more efficient, fellow students top them in their classwork; and in no branch do they excel. They have no special athletic ability and their activities remain so drab that they broodingly accept an attitude of inferiority. Even in youth alcohol may afford them relief. Inadequate personality-adjustments, the sense of failing to fit admirably or self-satisfyingly into any situation or opportunity is the misfortune of semi-defectives who futilely surrender to drink instead of building up some one personal charm or ability.

These illustrate problems which are to be faced and for which adjustments must be made during the course of treatment, else a safe footing is not to be secured. If this can be done, the case slips up into the *can-do* group. Such reconstructive accomplishments are increasingly to become the goal of intelligent modern treatment.

We have written but little concerning woman and alcohol. Our experience has not been as gratifying as that reported by some others. We have long studied the almost universal emotional complications in the higher type alcoholic's life. The sympathetic nervous system is an ultrasensitive medium which translates

emotions into acute body-sensations. Even before alcohol affects the brain itself it may attack the ganglia —those collections of nerve cells distributed outside the skull and not protected by the blood-brain-barrier. Is this not a probable explanation for the very common emotional variability of women-alcoholics—that indifference to maternal duties, crudity in speech, loss of truthfulness, willingness to use out-and-out deception, heedless extravagance, atrophy of modesty and chastity? Women are more essentially emotional than men. I have long felt that the use of alcohol robs woman of her finest qualities much more rapidly than it degrades man. The fineness that makes for her feminine charm is as soon blown away as ashes, by the siroccic breath of drunkenness. A drunken woman seems to wallow in a deeper gutter than man at his worst. The peculiar rapidity with which self-respect goes into solution and gross immodesty grows, and the essential helplessness of the intoxicated woman to preserve the appearance of decency, unquestionably intensifies her problem.

Perhaps I have been more unfortunate than others, but in contact with hundreds of alcoholic women—most of them from superior homes—I have found that the residue of much which was formerly fine womanhood remains an uncertain veneer. There are exceptions. I do know some splendid women administering their lot in life on high standards after having been rescued from alcoholism.

The interrelation of the sex instinct and drink is rather complicated, and creates difficult problems in treatment. A popular error exists that alcohol stimu-

lates sexual potency. The reasons for this are the common early appearance of sex expression with intoxication.

I have mingled with men and women of national note at banquets where the wine flowed freely. Long ere the witching hours, carelessness in attitude, stories at first *risqué,* later coarse, unseemly familiarities, elicited raucous response from some and a dignified exit by others. The ease with which woman's virtue fades when she is aggressively half-drunk or defenselessly saturated is common knowledge. But none of this is stimulation. It is an evidence of alcohol's power to paralyze self-criticism and restraint.

Alcohol unleashes the conventionally repressed sex instinct; it demonstrates not stimulation but regression. When the primitive occupies the stage, the urge of sex —always a deeply underlying, swift current—comes to the surface. Apparently desire is inflamed; yet in face of exaggerated passion, sexual ability is definitely reduced in the male. The refinements of sex and the capacity that responds to normal sex stimuli are both dulled. Therefore desire calls for still bolder forms of excitement in order that satisfaction may be attained. Hence promiscuity, the prostitute's appeal, miscegenation, and unnatural acts occur. This disturbed mechanism is behind many homosexual situations, even such perversions as bestiality and criminal assaults upon children, old women, and the helpless.

In truth, alcohol discounts sexual fulfillment. Thus the husband gradually finds himself impotent with his wife. This becomes a common reason activating marital discord, violence, infidelity, and divorce. For

the male the completed sexual act demands a finely organized complexity of coördination practically impossible in the alcoholized state. A man resents the insult of his impotency. The rule of the alcoholic is to transfer the blame from himself: it is his cold wife, now unattractive, worn out, unsympathetic; or here enters a serious psychotic element, the wife's lack of inspiring warmth is the result of satisfaction from some other source. Now one of the commonest forms of early alcoholic insanity—sexual jealousy—enters to wreck what domestic love may have remained or to threaten even the life of the innocent woman or the suspected paramour.

There is hope for the drinker who recognizes the untimely weakening of his sexual ability to be a logical result of drinking. If when this problem is discussed and the fact made clear that the finest elements of sex love do not withstand the assaults of drink, the patient is capable of assimilating the truth, then even the resented impotence may prove a directing factor in his restoration.

One last group occupies the marsh land between the difficult and incurable cases—the so-called dipsomaniac who with no warning days of tippling disappears to be found later in some jail, gutter, or dive. Often these individuals have ability and capacity, and are able to stay on the job for months without a break. The dipsomaniac is usually an expression of some degree of the manic-depressive group of mental disorders—a form of emotional insanity presenting cycles of depression and overactivity interspersed by normal periods covering weeks, months, even years. The average dipso-

maniac's periodicities are within the half-year zone.

The majority of these unfortunates remain uncertain quantities, always in danger of some explosive expression of their unbalanced impulses. A small percentage, however, of the finer stock who have not been too emotionally damaged and who are possessed of ambition not coarsened into recklessness, can be rescued. For them it is a biochemical revolution, for the hormone disequilibrium of the manic-depressive is evident. Restorations of this apparently helpless group of alcoholic psychotics have been accomplished, but only when they can and will consistently and persistently help themselves.

Incurable.—Some alcoholics are incurable. They don't help and they can't help. Understanding and judgment are not in them and never will be. Outstanding are constitutional inferiors and psychopathic personalities who never complete mental and moral maturity. We may group with these those who have lost mental efficiency once possessed through encephalitis, attacks of meningitis, certain cases of brain injury, arrested cases of schizophrenia, the more severe expressions of manic-depression referred to above, some paranoids, and of course, that logical product of drink's unchecked efficacy, the alcoholic dement in whose central nervous system irreparable organic damage has been accomplished. In fact, the entire list of those who are hopelessly under the dominance of alcohol are victims of some incurable central nervous disorder.

Reconstructive treatment and reëducational efforts are wasted, or at best are but palliative, on all of these groups. No medication, persuasive or dominant in-

fluence, no known appeal, prevails for cure. That infinitely fine psychic coördination essential to superior adulthood has been deranged.

The intelligent therapist recognizes these limitations and frankly but kindly announces his inability to do more than protectively direct the unfortunate's future, and declines to undertake any responsibility except as legally empowered to act as or with a guardian. Then he is able to offer beneficent discipline through custodial guidance. He may be able thus to turn some useful, undamaged talents into ways of simple, productive contentment, knowing the while that should his ward be given opportunity for personal choice early intoxication with the attendant flare-up of the entire series of oldtime trouble-making disturbances would be sure to follow.

They cannot help themselves.

The father was French-Belgian. He emigrated to America as a boy. When quite young, he married Marie, whose family had come from Brussels. The young people met in a 12th Street loft. She was a sorter and matcher. He at twenty had already been promoted into the office—the main office of a firm of fur dealers which had branches in Winnipeg and Quebec. He had been named François—she always called him Francie—and he and Marie found America truly the great land of opportunity. The senior member of the firm made young Berault his secretary; then, his personal representative when he himself got too old to travel; and when Berault was thirty and the old man retired, he became junior partner. Those were great years in the fur business, and François Berault was a master merchant. He died a millionaire.

There were three children, two older girls and Francie, Jr. Probably the mother overpetted him. The sisters certainly spoiled him, deferring to his least wish. There was always

wine for dinner; it was the table of a rich man of European customs. His father was sure that it was the two glasses of Rhine wine and the juicy roast beef that gave his son such fine color and so sturdy a physique. Outside of tantrums, which his father never saw, and some odd sexual experiences, concerning which his father merely shrugged his shoulders, and difficulty in some of his studies, there was nothing of note until his fourteenth year when he stole some rather large bills from his mother's dresser. He was gone three days. He was smart enough to send word each morning that he was all right. His father was in Europe; the episode was glossed over and smothered in much mother-loving.

Francie, Jr.'s mental development stopped at thirteen. During the next decade his alcoholized history would cover pages and seem bred in fiction. These years included a marriage at seventeen with a sporting woman of twenty-two, who was later bought off by the family. A second marriage to an impregnated waitress of seventeen occurred when he was twenty-three.

His father had died when Francie was twenty. When he was thirty, his mother stated that it had already cost over a hundred thousand dollars to get him out of spree-made jams. He was finally spirited away between suns from their home on the Hudson to a psychiatric clinic. There he displayed bombast, pretense, and braggadocio. Truth was not in him. No type of dependability or responsibility had been developed; there was apparently no capacity for either. A glutton at the table, he smoked incessantly. When asked his favorite pleasure, he boldly answered, "Chippie chasing." He was placed in an institution under commitment. There he was provided a regimen of out-of-door life, organized activities of work and pleasure, directed diet, daily class hours, and a graduate attendant-companion who knew his patient's every movement.

Alcohol and tobacco became receding memories. Five years have passed and to all appearances Francie Berault is a genial, companionable, comfortable looking, middle-aged man. He is satisfied, content—enjoying life. He has become industrious in simple arboriculture, is proud of his planting experiments, works diligently with a normal boy's enthusiasm. His life has

been adjusted to the mental and emotional levels of the thirteen-year mentality which is his. It has been demonstrated, however, on several occasions that given opportunity he will at once reverse the benefits of liberty into the confusion of license. Once when a visiting member of his family slipped him a contraband five dollars, the disturbances that were thereby started cost the family many hundreds.

It is a satisfaction to know that the burden may be adjusted, the conduct controlled, and the activities so properly influenced that many inadequate to utilize freedom can spend contented, orderly, mildly productive lives under the guardianship of benevolent discipline.

Chapter XV

TREATMENT OF BENIGN CASES

The Modern Approach.—We enter upon our discussion of the reconstructive care of those who suffer from the habit-creating grip of alcohol conscious that we face a score of diverse attitudes not only among the laity but within the medical profession. Skepticism as to the benefits of treatment is probably the most common.

The belief that the alcoholic is what he is because he chooses so to be, that he is morally sick and can only be saved through religious regeneration, might be called superstition. Many have closed their eyes and responded, "The Lord's will be done. Amen." Mothers and wives would pray their errant menfolks into sobriety. Fathers and brothers would put on the heat and make the victim suffer for his weakness, or practically close their doors to those who so disgrace their name. And familial devotion congeals.

The negative attitude of apathy among the members of the medical profession, however, is the outstanding influence which has so long delayed the modern approach to this far from hopeless question. Even psychiatrists have shown a definite inertia and have often expressed antipathy toward the alcoholic and the solution of his problem.

Let us recognize at once that there is no specific for alcoholism. The Keeley cure was clever, but secret methods ever smack of quackery. In thousands of cases the sawdust trail has evidenced the power of that metaphysical touch allied to our conception of salvation. Again, the gentle caress has wrought the miracle, and many a little child has led a parent into the paths of sobriety. But we must speak disillusioningly of these approaches—the appeal to credulity by the charlatan, human faith in the divine, the power of man's love for woman, the pride of parenthood—because each finds its success in emotional urge; and emotions are as variable and unpredictable as individuals. We would not discredit their efficacy in given instances, but to attain certain therapy the scientist must delve much deeper.

The appeal comes repeatedly, "Cannot you outline a home treatment for my son? We cannot think of sending him to an institution." As wisely would the surgeon consider doing a brain operation in his patient's kitchen, ignoring the multiplied provisions for safety and efficiency to be found in the modern operating room. Today's requirements for the essential rehabilitation of the average alcoholic demand as specialized and even more extensive equipment than is available in any home or general hospital.

Moreover is it not self-assertive that in this same home conditions exist which made it possible for the alcoholic disease to develop? To the unfortunate victim, home offers the least of hope. Indeed the very obverse has been outstandingly demonstrated. In a new atmosphere a hundred influences enter from the

start to neutralize those other hundred memories associated with failure, disgrace, recriminations, and temptations. Of all disappointing approaches to cure, that which fails to separate the patient from former scenes, to replace old faces, old associations, old daily habits, probably offers the least promise.

Psychiatry has come into its own this last decade, and now scores of highly trained minds are devoting their lives to extensive research into causes and treatment for the entire group of mental and nervous afflictions. Among them are those who have turned to the study of the alcoholic and his problems with an intelligence and earnestness unknown in the past. As the alcoholic comes into the care of such students of the mind, he finds his difficulties considered seriously and intensively from many angles.

Modern approach has revealed the reason for much past failure and hopelessness in this special field of medical effort. We have come to realize the complexity of the subject; that alcoholism is the result of a wide variety of causes; that it affects most diverse types of men; that its reactions are complicated. So treatment today demands a study of various aspects; and management of the differing types of alcoholism is highly adaptive. As in the case of other psychiatric illness, it is now recognized that specialists are requisite, aided by corps of adequately trained, skilled helpers. Treatment is rapidly emerging from the pay-as-you-enter omnibus methods, the hit-or-miss "sober them up and give them a straight talk" by the old family physician, into a new era of promise. Today, each patient is received and treated as an individual subject for intensive

analysis—for keen physical, laboratory, and expert psychobiologic examination.

Our future discussion of therapy will be based upon practical outcome probabilities. Therefore we shall divide all the various types of alcoholics into the benign, hopefully curable group and the pathologic, malignant forms of alcoholism which offer almost no prospects for rapid restitution, treatment resolving itself into prolonged reconstructive periods or into permanent custodial protection.

The therapist has made definite progress when he has clearly classified his patient, since the characteristic physical, chemical, and psychologic mechanisms anticipate different approaches. Therefore a complete physical examination is early made, as thorough as if the patient were applying for a hundred-thousand-dollar life policy. This neglects no system or organ. Dental needs are given special attention, for we significantly find that the alcoholic often neglects his teeth because he is unable to summon nerve to go to the dentist—drink-relief has been painless. His central nervous system has probably never before been investigated. The gastrointestinal tract and the cardiovascular tree are studied. The laboratory examines with equal care and nicety blood and urine, spinal fluid and other secretions which might indicate disturbance. It is noteworthy how constantly the laboratory reveals a characteristically perverted condition of body fluids. Associated with even comparatively short periods of alcoholic use, albumen, blood cells, indican, and acetone in the urine indicate outstanding chemical abnormality, and disclose a condition of the blood stream from which

were the brain not barrier-protected prompt convulsions, coma, and even death would ensue.

Let us bear in mind that physical well-being forms the basis for much that is to be done not only during treatment but in the later self-care which the patient will be directed to continue.

Many patients dependent upon regular alcoholic dosage apprehend its discontinuance with panic. It is good indeed to relieve this natural anxiety by the assurance that modern treatment can wean the most confirmed alcoholic from his cups with a minimum of discomfort and with absolutely no use of any opiate. I do not recall treating a patient in the last twenty years who was not reasonably comfortable at the end of the fourth day without drink.

Warningly, we must report that in our experience the most frequent single cause for morphin and barbiturate addictions has been the use of these drugs to end alcoholic sprees. The action of alcohol as a vasomotor dilator underlies much of the drinker's discomfort and explains the harassing deprivation symptoms which are prone to complicate the sobering-up process. Keeley discovered the value of small doses of scopolamin two or three times a day—just enough to dull the edge of his distress and to reassure the patient that he has not been medicinally cut adrift and indifferently left to fight it out alone. So during the early weeks we have long used from 1/500 to 1/200 of a grain of this alkaloid by hypodermic night and morning, blonds and highly susceptible neurotics receiving the smaller dosage. Enough scopolamin to dilate the pupils moderately goes a long way in affording a sense of security; for

in determined and farsighted treatment, during these early days the patient is not only discontinuing alcoholic comfort but is even more rapidly eliminating the inhalation of nicotin. Cigarettes are taboo for the entire period of treatment.

Today, men, women, and even children are recklessly sucking nicotin in the form and manner to secure its most prompt and complete entrance into the blood—inhaled with the very breath of life into the alveoli of the lungs which were created to provide most perfectly for the interchange of gases. Despite the threat to nervous efficiency, dependence upon it has grown apace. With the neurotic, this need becomes increasingly dominating—from three to fifty cigarettes a day, each a turning from a natural to an artificial vasomotor influence. The one who would remain alcohol-free can afford no compromise with any form of drug-dependence. In the writer's mind there is an unquestioned close relation between inhalation of cigarette smoke and a growing desire and need for the more powerful vasomotor sedative of strong drink.

In our study of many thousand cases covering a period of forty years, it is outstandingly rare that relapse into alcohol-dependence is not preceded by weeks or months of cigarette fake-comfort. We do not condemn tobacco in toto, but for the neurotic we cannot possibly overemphasize the alluring seductiveness of nicotin-inhaling. It is a major cause for return to drink. We advise the comparatively innocuous pipe-smoking of our grandfathers or the cigar of our fathers. It never occurred to them even to exhale through the nose, and no one of them would have dared to choke

his lungs with the fumes of the weed. Today, there is a shrug and scornful, "Why, there's no kick in smoking that way!" True indeed, and it is the kick, the artificial sensation of drug-influence, which every inhaler has come to crave. For some neurotics the wise physician will proscribe tobacco in any form. I have cared for a few patients so tobacco-susceptible that not only drinking sprees followed its habitual use, but insanities of the homicidal type developed, produced by an intoxication which was definitely nicotin-poisoning. However, such tobacco-allergics are rare.

Not all use of tobacco is harmful. When a day of tension and productive giving has earned special relaxation, a quiet smoke is justifiable, and so the great for generations have happily utilized tobacco-comfort. But the day a man or woman finds himself inadequate to face any situation without an SOS for emergency supplies from his chemical storehouse, and he inhales nicotin, he is bolstering the present at the expense of his future. He vitiates the reserve which sooner or later would pay him fine stead in some vital emergency. If he knows the ultimate enervating effects on the heart-muscle resulting from this drug abuse, he should not be surprised if in the early forties he has a coronary accident. And presto, his sphere of usefulness disappears. What is the bank of your chemical reserve?

Ten days after alcohol has been discontinued a second physical and laboratory examination is made to determine the more lasting harm abuse has wrought; what of permanent damage has to be met. From now on a daily period of personal conference will take place in which trained students of the normal and abnormal

mind will gradually enter into and constructively analyze the vast field of the patient's mental reactions. Hours will be spent investigating various emotional responses, prejudices, beliefs, resentments, defenses. Today's approach is highly organized, essentially rational and specifically reëducational.

We use the term reëducation, and so it is. The modern institution for the rehabilitation of nervous and habit cases is truly a school for teaching physical and mental health. The curriculum is modified for each student. If there is fundamental intelligence, if there is a capacity for honesty, if there are the elements of will power, if reasoning ability is not that of the moron, and if the emotional self has not been hopelessly dwarfed, the patient finishes his months—four, six, eight, twelve, as the case may demand—definitely altered in his point of view. The technique is based upon a searching estimate of the patient's physical capacity and mental integrity: it is a far-reaching personality study.

What Treatment Offers.—This school of physical and mental health will provide: acres for cultivation; gardens, hotbeds, greenhouses for flowers and vegetables; nurseries for budding and transplanting; workshops for carpentering; stones and mortar for masonry; lawns to keep and borders to trim; ornamental planting to tend; forests for woodcraft, and the woodpile itself for colder days. Indoors there will be a music room equipped for concerts and provided with the best of modern reproducing appliances; occupation rooms will offer opportunities to develop skill in handicrafts—looms for weaving, sewing from artistic needlepoint to

running up a seam, from lacemaking to rugmaking, woodworking and ceramics. Yet the out-of-door days are best for men and women alike; here is an occupational therapy which utilizes the body as a whole, not eyes and fingers alone. Snow storms are welcome, bringing paths to shovel in the snappy winterish air.

Any work may be dull at first, but interest grows, and the great need of the average alcoholic—pride in unspectacular accomplishment—develops. Along with work are play hours. The morning starts with twenty minutes of gymnastics. There are folk dances, volley ball, badminton, medicine ball for the less expert, and twice a week soft ball, another twice a week for those who make the teams, competitive baseball—the real American kind. The tennis courts appeal to many, and the season culminates in a series of tournaments. There is hiking every day—an average of five miles with periodic ten- and fifteen-mile mountain tramps, and for soft hearts the finest of tonics, six or eight or ten snappy hills gradually attained, of course. And the miracle of physical rejuvenation goes on apace under such tutelage that often in a month one experiences a long forgotten sense of well-being.

Probably no single element contributes as much to the patient's change in attitude and his preparation for the mental growth and emotional reorganization as the realization of physical zest and incentive to accomplishment. The rhythm of self-indulgence is being broken. Habits of months and years are being altered by a new order of life brimming with practical, wholesome activity. Here is encouragement. Change from the old

tension of avoidances, from the tempting, threatening telephone, from the useless discussion of faults and failures, from the taunting recitals of debts unpaid—and the conscious nightmare fades.

One of the most reconstructive influences utilized in the modern regimen is a far-reaching revolution in diet. One rarely observes the eating habits of alcoholics, men or women, without recognizing that the basis for physical, and certainly for nervous, health has been ignored with an ignorance no successful raiser of stock would impose upon his cattle.

Excess of proteids, overrichness of fats, deficiency in vitamins, would seem impossible in this land where health counsel is free and generous. Unbalanced diet has so long been unnecessary that today it should be called wicked. Illiterate or reckless indulgence is an inexcusable evil, particularly in those many homes whose neurotics evidence defective blood-brain-barriers in parents and children alike. Food-toxin saturated, truly, are thousands who seek to salve a squandered comfort by drink and drugs.

When food is earned through exercise, the patient responds at once with an unexpected sense of physical well-being. Fermentable carbohydrates displace decomposable proteids. Long overburdened livers are given a respite through a drastic reduction of heavy hydrocarbons, fats. Three moderate meals with additional nourishment three times a day, and internal cravings—the toxic cause of which he has never known—disappear. Ample combined vitamins, especially B_1 and B_2, are consistently incorporated with the daily rationing. Roughage displaces the periodic cathartics

which the former soluble food-habits made necessary.

I have in mind an institution where alcoholics have been successfully treated for years in which the food cost for 150 people is revealing: meat, $75 a month (and the servants eat most of it); fruit, $250; vegetables, practically the same; eggs, $300; and milk, $800. Milk, the fluid food, rich in vitamins, easily assimilated and digested, is rich, too, in soluble minerals, a usually unrecognized dietary need. Fluids are specially pushed during the early weeks of treatment—a pint a day for each twenty-five pounds of body weight, a minimum of six pints for a hundred-and-fifty-pound patient. Kidneys are promptly relieved of concentrated irritants.

Discipline is an obnoxious word to the many who have so often thrown it to the winds as they released the brakes of self-control and let themselves coast down the grade with alcohol at the wheel; yet it must enter all such lives as are to be rescued. Group treatment is of special value. One does not feel singled out as the object of odious regulations when he is among a number all accepting a similar routine. Group discipline affords the satisfaction of company even for the grouch who assumes misery; while others find in the crowd, companionship, self-forgetfulness, and the opportunity for *camaraderie* which may develop into a peculiarly wholesome influence.

When the schedule of activities has attained the maximum, the patient will be spending seven to eight hours in out-of-door constructive labor and diverting sport—little time is left for daydreaming, self-pity, and resentments. New satisfactions solidify into the

confidence of progress as the work of his hands stands forth.

The physical fatigue honestly earned, to which the man Adam was savingly sentenced and which the generations of today avoid as if it were a disgrace, is the body's finest tonic during youth and maturity, and the best of all medicines for nerves distraught. Wholesome weariness frees one from cloying apprehension and welcomes sleep-hours eagerly. Voluntary tire up to a certain point is the true fountain of relaxation and the source and substance of lasting vitality. A set amount of drudgery elected as part of the workaday routine develops a self-respect that is as honest as heart of oak. Self-respect is rooted in the will to do, and no alcoholic's future is soundly safe without it.

His name was not Barrett, but he was a lieutenant-commander in the United States Navy, serving with the Asiatic squadron. He hobnobbed not a little during this assignment with British naval officers stationed in those waters. The question of drink had never occurred to him as having either moral or practical application. He took his first whiskey and soda socially with his new naval friends. Susceptible he undoubtedly was, for within the year he was slipping personal supplies into his cabin.

He was on the bridge in command of a small cruiser during some maneuvers, and through an order of his, formation was broken and a collision barely avoided. The error was flagrant. Barrett was called before the admiral who ascertained that the officer had been using whiskey on duty. He was temporarily retired and sent to Washington. His family protected the situation as best they could by having him transferred from a government hospital to private care.

Examination disclosed that the excellent physical condition common to all Annapolis graduates had been replaced by muscle softness following months of deficient physical activity, and that

there was a general toxicity resulting from self-food-poisoning. A study of his heredity showed two alcoholic neurotics, one a direct antecedent.

The fact of, and reasons for, his individual susceptibility to the potency of alcohol were placed before this man of well-trained mind, and the way out indicated. Respecting and inured to discipline, he became an ideal patient. He asked for a personal project, "Please, doctor, let me do something that will last." Five hours a day for ten weeks he hammered and fitted, and hammered and placed, and hammered some more. A flight of eight solid stone steps with a not unworkmanlike balustrade slowly emerged from a motley pile of gneiss granite. Something as stable, though invisible, grew within the lieutenant's spirit.

Three times in the last twenty years Commander Barrett has returned to talk things over and to look upon his sturdy handiwork. The last time he journeyed a thousand miles and brought his wife to view again the monument of his reconstruction.

Suggested but not yet dwelt upon is the beneficial human element of trained personal influence objectively applied. The daily contact with physicians and psychotherapists, trained and experienced in guidance, leadership, and inspiration, quickens the gain in morale. They help him revise his estimate of responsibilities and analyze his deficiencies, paralleling worth with opportunities.

Hours of personal conference open the way to self-revealing mental catharsis. The history of the confessional and much of the success of psychoanalysis give foundation to the assurance that it is good to place trust in a professional confidant. What was deliberately ignored or thoughtlessly forgotten is brought to light. The worthwhile is saved and the rest dumped into the wastebasket.

This is emotional reëducation, too. The family drunk is usually the family's fault. Too much home training, too many of the individual's decisions, and infinitely too habitual have been the subversions of reason to feeling. The emotional level is an emphatically unworthy approach to a goal so serious as this readjustment crisis. Self-deception, resort to rationalization, retreat from the immediate and surrender to mood, are taboo. Steadfastly, the analyst denies the sentimental self-pity or alibi which has been the patient's line of logic in self-justification.

The student may leave the conferences smarting and resentful as the insistence on self-understanding is rigidly maintained. Week after week the instructor remains a task-master. But underneath it all confidence grows in the patient's mind. He knows that this individual care and attention, unswerving interest and alert investigation, the effort to balance weakness with strength and failure with possibilities, is all for his personal good. Rare indeed is the patient who does not ultimately respond to an unselfish, reconstructive approach.

In an early chapter we suggested the use of the recently popularized term *allergy* as an unembarrassing way out for the person who is susceptible to alcohol. This reason for declining the cocktail provokes no more unpleasantness than the diabetic's refusal of the wedding cake or the hay fever sufferer's avoidance of a floral *boutonnière*. The simple alcohol-allergic is benign from the treatment angle. He may have been born with a thoroughly competent blood-brain-barrier. After a few years of heavy indulgence, this barrier may

be so weakened that his tolerance for alcohol is reduced, and disturbing reactions follow the consumption of even small amounts. Or he may have inherited only a moderately protective barrier which he damaged by a few years of regular drinking. Thus the defective barrier theory simply explains the long-discussed question of why many regular drinkers find their capacity to pursue alcoholic use gradually disappearing, until one who at twenty could drink his friends under the table, by forty soon goes rubber-legged, and after a few rounds is dead drunk. Hence many acquire an allergy to alcohol either through flagrant and continued abuse of an efficient barrier, or because the barrier with which they were born, while adequate to the ordinary toll of life, cannot withstand the assaults of alcohol.

If the psychiatrist's problem were as simple as convincing an intelligent person that his is a demonstrable deficiency—an alcoholic allergy—which can never be remedied and that his only self-defense is to avoid alcohol as the hay fever sufferer dodges ragweed, the problem of these allergic drinkers would be easily solved. Study of the pathologic allergy to alcohol will be found in the succeeding chapter.

The principle of total abstinence is cardinal. No teaching is more difficult of successful propagation than that if ever in one's life alcohol has secured the upper hand, no compromise is possible. The man in the tropics who has suffered the central nervous damage attendant upon sunstroke knows that his days of reckless ignoring of the sun's heat are gone. He who has lost 40 per cent lung tissue through tuberculosis accepts as his fate that certain physical activities are never

again to be attempted safely by him. He whose heart has sustained a coronary damage realizes that for him numerous physical exertions invite death. Many live in the tropics and can ignore the sun's weight; millions continue useful lives with lungs touched by tuberculosis; thousands carry on, active and productive, with organically affected hearts; thousands can drink and let it alone. But as surely as when once the sun has broken down the brain's resistance to heat, something is gone forever; so if once alcohol has gained the mastery over prince or pauper, he either becomes a teetotaller or gambles losingly with atrophy of self.

To teach the ideal of abstinence so convincingly that the patient will accept it with the sense of added manliness is the therapist's most weighty responsibility. It was easily taught the lieutenant-commander. Never would he have graduated a United States ensign without having attained character-strength. A good mind, a once well-trained will. In this soil the counsel of the therapist took firm root and Barrett has been restored a near-generation—an unobtrusive and self-respecting force for abstinence.

"Why not teach the power of the Spirit? Does it not suffice for all human needs?" Bluntly we respond that it has failed far too often. Not more than one alcoholic in ten, Jew or Gentile, comes into our care who has not had the advantage of years of Sunday School or other specifically religious teaching. Devout loved ones have sought divine assistance for the wayward. It is the surgeon's knife, directed you may say by that Power which broods over His own, still it is the surgeon's knife that rescues a victim of appendicitis.

Even so it is the rational therapy of deep-seeking understanding that directs the sincere work which displaces the hopelessness of the false by the principles of truth in reshaping the life of the problem-alcoholic.

Still let us ascribe credit wherever it is due.

Dr. Granton graduated nearly fifty years ago from an obscure medical school. It was in the gay early nineties and medical college standards were yet quite primitive. The doctor was bright—brilliant conversationally. Considering his relatively meager medical education he became quite a success as a throat specialist, practicing for many years in the city of his graduation. Their only child was still-born and the dear, good wife remained a semi-invalid. For her sake they moved into a better climate, where they remained until her death. The doctor was then in his early sixties.

The history of his alcohol-use interestingly illustrates the acquired-allergic type. During his thirties and early forties it made him friendly. Under its releasing influence his eloquence was piquant. He was frequently the outstanding choice for toastmaster at medical banquets where the *risqué* is never taboo. Hail-fellow-well-met, and always a decanter on the sideboard! He drank more or less regularly with apparent immunity until his fifties. Then in spite of his devotion to his faithful wife, he began having trouble with women patients. Repeatedly, small familiarities were excused with the comment that the doctor was a little "high." Younger men came, more skillful, more reliable, who did not get "high," and his practice dwindled until the little family was practically reduced to dependence on a small income the wife had inherited and which she later willed to the doctor.

Attendance upon medical meetings and especially upon social occasions was now ominous. Less and less alcohol could he carry. Before noon his conduct was often that of an intoxicated man, even though he was taking but a quarter of the whiskey he formerly used. His tolerance was lowered and he was growing hypersusceptible to its influence. No longer that spontane-

ous glint of clever wit, but an obvious coarsening from the dregs within!

Following the death of his wife he lived a reclusive, sodden six months. A committee from the medical society found him in the accumulated semichaos of the two rooms where he lodged and transferred him to a hospital. Evidences of early arteriosclerosis were present—the eye-ground examination revealed organic changes. He was advised that there could be no more alcohol, that his cerebral arteries were involved. He reacted with indifference to the kindly advice of specially trained counsel. Leaving the hospital, he commented to the superintendent, "What have I to live for? Myrtis is gone. She helped keep me decent. You boys are good to me, but I will be an object of nobody's charity. Why shouldn't I die drunk?"

Coincidentally a nationally known revivalist began a series of local meetings. Dr. Granton attended one of the earlier services for no other reason than his curiosity to hear the evangelist. That the doctor's brain was still intact was shown by the quick interest which was kindled—interest, enthusiasm, the acceptance of a new way of life. At sixty-five he was converted. The revivalist truly was a man of parts. He learned the doctor's history, sensed the battle he must fight and visited him daily. Later he wrote weekly, and has continued personal touch with him at longer intervals since. He remains the doctor's inspiration—the doctor who celebrated a sane, sober seventieth birthday.

Personality counts tremendously during the weeks of reformation, and it is given certain leaders to exert compelling influence. Such power was possessed by the evangelist. Insofar as the physician can add to his professional learning, years of contact-experience, does he attain completeness of understanding. When to this preparation he adds the personal example of temperance and sobriety, and practices what he teaches, he is a force for good.

What the Patient Must Do.—Dr. Adolf Meyer, internationally recognized as one of psychiatry's most astute students, has long laid upon the patient who seeks permanent recovery the deep-reaching requirement of possessing the will to get well. It is not uncommon to hear the determination to go straight freely expressed during the early weeks of treatment while physical gain is like a rising tide, for then the release from alcohol looks easy. We pause to examine seriously a vital quality in all successful advancement—the capacity to maintain determination. The will to get well may resemble an early morning impulse which weakens as the day progresses and is gone by the heat of midafternoon. It is not impulse, not novelty-eagerness, not new-born enthusiasm—the persistence in the will to get well.

I am reminded of a man of middle age upon whom the habit of drink had slipped and had gripped him before he was aware of his dependence. He possessed means, an overdevoted wife, and a son who looked to his father for financial aid to finish college. They both avoided crossing him though he presented a gracious front in public, and was a man of parts. Following an embarrassing evening he was coaxed into entering a hospital. During the first interview he was almost eager in the conviction of his need for assistance. He had come to dig ditches and build fences, he needed to be hardened, nothing could be asked of him which he would not understand was for his good. He repeated his determination to do his best. He had been given several swigs *en route*.

At six o'clock the next morning he called for a drink. For years his desires had not brooked delay. Indignant displeasure boiled as a geyser in the face of fifteen minutes of waiting the ordered time for his medication and whiskey. And presto, he was through! He ordered his bags and departed. An apparent

will to get well was no more than an alcohol-mellowed impulse which had seemed convincing.

The determination which counts is not passive acceptance of directions and mechanically following a prescribed routine. It is only as day after day of active effort is shown in the work of his hands and mind—an effortful self-help maintained over a period of weeks —that he evidences promising prospects. He cannot be sure of himself, we cannot be sure of him, until he is able to carry on in the face of dull, unstimulating hours of effort.

No treatment is sound which does not teach the patient to stand and to make use of monotony. The capacity for steady-going industry is defective in those who must turn from workaday tire to some type of drug-relaxation. Who is mature until he can face and persist in the task, finding enlarged interest in better doing it? One is fortunate when work becames automatic; then he can toil and think; can both accomplish with his hands and add to his mental store. Only as the capacity to meet monotony without resentment, or rebellion, or surrender to the craving for new sensation develops does the mature will-to-get-well find expression. In the case of the family-spoiled planter, enthusiasm reached the heights of idealism—the idealism of the rainbow. Inspired, yes, but as unstable as yon floating mist!

Let nothing that has been written about neuroticism discredit that great company whose tendencies to nervous overactivity mark them as different. Preeminent men and women of many generations have been neurotics. Much of the finest work in music, in

art, in statecraft, on the stage and lecture platform, in the business and professional world, has been accomplished by the nervous. Tension is probably the most constant symptom of neuroticism. It finds manyscore outlets in disturbing expressions—commonly in some type of fear. This may be specific as in claustrophobia, less obvious in the feeling of insecurity in public, the sense of inferiority among others, and especially in the pervading self-consciousness of unexplained restlessness—all relatives of fear and all tied up with tension. The neurotic is constitutionally more tense than the phlegmatic. At the same time he is more alert, more susceptible, more easily influenced, more sensitive to disquiet, to sounds, to atmospheres, to boredom, to antipathies, in short, to all emotional reactions. As may be expected, many neurotics resort to drink to break any tension which has become intolerable. Unwittingly, they relieve the sympathetically governed vascular mechanism by a drug which changes their feeling-tone. They err ignorantly because they do not know a rational way to meet their unrest, and for the hour they do not care what the consequences of their indulgence may be.

In outlining the patient's part, the willingness for positive, effortful accomplishment means very much. Still this is not enough. He is undertaking to break a habit which threatened to make wreckage of his worth. No combination of coöperation, perfection of detail and technique, outstanding generosity, or obeisance to idealism—no accumulation of positive contribution—will accomplish the desired end. Denial, the ability to as strenuously negate as create, must be attained. We

have reiterated that numbers agree to undergo treatment holding before them, however, the covert purpose to drink like gentlemen. This wish-thinking is frequently maintained in face of specific teaching that for him in whose life alcohol has become a problem, successful compromise is impossible. Until his heart and soul forswear alcohol as they do murder or suicide, he skates on thin ice. Even if he is willing to say sincerely that he will never drink again yet resents looking forward to a life without cigarettes, his promise is writ in sand.

The hundred per cent intelligent, earnest patient finally volunteers, "Doctor, I am going to do a perfect job of this. No more running on to the shoulder or into the ditch. Give me a list of those habits I had when I came which would lead me back to drink. There is man enough within me somewhere to give up any weakness which would invite another breakover." A man in fine condition after months cigarette- and drink-free, who is still unconvinced that for him the strait way is the only safe way, would ignore the black line down the center of the road.

For one who lives on the heights of earned emotional comfort, the final directions a psychiatrist gives an adult man or woman seem so simple; yet followed, they will change his life into one which accumulates well-being.

Give up a half-dozen habits, and life will swing into the safe thoroughfare for keeps! Never alcohol again in any form. Never more than three uninhaled smokes a day (none for women). Displace softening ease by enough physical activity to double the heart-rate at

least once every twenty-four hours, to cause one to reach deep for breath; and when he has gained a normal physical reserve, exercise intensively fifteen minutes daily so that every muscle group is strenuously used. Surrender indolence and maintain the strong reserve built up during the period of treatment. Balance food with effort. Reduce the proteids needed for the muscle worker to the minimum, while you live on your central nervous system. Devote twenty minutes a day to definite mental improvement in some avocation or interest remote from your occupation. Let the *give* eclipse the *take* in a daily hour of social contact at home or elsewhere. Following such a schedule, one goes far toward attaining the perfectly ruled self.

But we are picturing the ideal patient. They do exist. They do rise out of their failures to heights of worthiness. From days of carelessness and recklessness, possibly out of years of ignorance, they have joined that still too small company who study the fine art of living. There are multiplied kinds of successes: the laurel wreath for the athlete, the stuffed safety-deposit box for the financier, ringing applause for the artist and actor, political achievement in the outstanding leadership of man. But there are those who would not exchange that soul-gratifying satisfaction which comes from mastering the technique of the fine art of living for all the acclaim the world offers.

In much of this the average patient cannot be interested. His idealism does not reach these levels. The therapist's job must never depart from the practical. If he fails as an idealist, then he must succeed as a pragmatist. So the time will eventually come when he

asks the patient directly whether or not he can consider with any satisfaction living a life of total alcoholic abstinence. The psychologist is alert to detect sincerity in the reply, for no patient can be dismissed as cured who cannot eye to eye say, "I am through. I promise, I am through."

When he says, "Some of the other boys are in deadly earnest. They have taken their last swig. What they can do, I know I can. I came here to be cured. I couldn't make the grade alone. You have taught me how to help myself. That capacity has grown. For years I turned to something every hour—food, smoke, or drink—but here I have built up a reserve which is my best investment. I am going to add to it. Now, I know that malted milk, or fruit juice, or a milk and soda, brings comfort with no regrets; but each month I find myself less needing any type of a pick-me-up. I believe, doctor, I am on my own."

It can be done!

A number of the milder cyclics are periodic drinkers, with a definite background of autointoxication. Their history shows that before adolescence the capacity of their livers to provide adequate alkalinizing, detoxinating secretions had been weakened by a diet of richness fit only for field hands or day laborers. Feeling an acute need for emotional help they have long since courted the magic of mood-changes corked into every bottle of liquor.

There is a counteracting magic which we have used for many years. It is resented by many; termed old-fashioned by others, especially by physicians today. No black magic, this. It is based upon modern science.

For these patients one-half to an ounce of castor oil taken at the first symptom of desire for drink is followed by a meatless meal. A second dose is given within six hours if the emotional sun is not shining again. Castor oil rapidly alters the affect-outlook. This treatment will avert the large percentage of mood-swings toward depression, and if faithfully used through the years, stands as a bulwark of protection for the toxic-periodic alcoholic.

The fate of meats in the intestinal tract of individuals whose liver efficiency has been chemically reduced is not generally understood. Unless these proteids receive normal digestive handling in the stomach and duodenum, lysin breaks down into cadaverin. Cadaverin is acutely toxic in its effects when absorbed. Lysin is a normal chemical occurring in many of the proteins, especially in the red meats. Castor oil combines with cadaverin to form sebacic acid which is innocent of toxic damage. This explains the outstanding benefits derived from the administration of castor oil to the many who habitually use a high-proteid diet and fail to adequately oxidize heavy meats by active exercise. Hence castor oil and a low-proteid diet work together to save the alcoholic who has a toxic background.

"Take castor oil . . . Why, I'd rather get drunk!" Take your choice. The question never arises if you sincerely desire sober safety.

The New Start.—The histories of many alcoholics depict emotional immaturity. Treatment will provide multiplied hours of contact with trained psychiatric workers. The roots of emotional beginnings will be

bared. Where the home was incompetent and school inadequate in planting within him standards of manliness—wherever the lack—his need will be revealed. The adult-in-age patient is in daily conference with one who has achieved emotional seniority, and who will prove an inspirational example during these months remote from the petty reactions of the past. The rapidity of emotional growth attainable by the patient who is in earnest is gratifying.

The new patterns are reasonable. Their adoption assures self-respecting returns. Coming and going on every hand are nurses and workers who exemplify such normal, sane conduct in their workaday lives. The patient does change. We send our young people to college and expect growth within the months; the modern approach to the treatment of alcoholic defectives is based upon as scientific an emotional reeducation.

When his father brought him, he spoke of a will that had never been broken. We were grateful, for the very capacity to maintain his own, the strength to face and live his determination, is the best material for successful treatment that the psychologist meets. When stubbornness to have one's own way is evolved into determination to go the right way, the will to get well is harnessed to the will to carry on. And here is the stuff for a new life.

Much that is practical the patient takes away with him. He has been a situational drinker. Carefully and reasonably his difficulties in meeting the domestic unpleasant, his helplessness in office discord, his financial limitations, whatever the tendencies to entangle-

ment, have been understandingly discussed. And those aptitudes and abilities which are his have been estimated and encouraged. He should be able to face situational difficulties hereafter.

The autotoxic periodic has been shown the outstanding protection against toxicity. Should the black cloud of restlessness which carries the lining of recklessness appear on the horizon, he may exclaim as have many before him, "Oh, you good old castor oil!" When the tendency to be alone, to avoid others, creeps in, he has been taught the wisdom of deliberate, self-forgetful social contacts. He has been shown various outlets for the periods of restlessness, of loneliness, of self-pity. In a score of ways he has been given an enlightened capacity for that self-care which is normal to the mature in spirit. He has dwelt awhile surrounded by the aristocracy of sane living.

Chapter XVI

MANAGEMENT OF PATHOLOGIC CASES

Alcohol-allergy.—Turning from the benign who are chiefly social drinkers, we enter a field of alcoholics variously described. The long popular designation *addict* is well used since the word means serving a master. Recent writers have utilized the phase *problem-drinker,* which will undoubtedly be widely employed to displace the less pleasant *alcoholic.* However, I prefer to speak of this class of drinkers as *pathologic,* which indicates that they suffer from alcoholic damage, for pathology is the study of diseased conditions. Our two major groupings then are the benign or undamaged in whom the use of alcohol has so far proved a harmless indulgence, and those serried ranks in which the poison has produced physical or mental injury.

This chapter is devoted to a consideration of the various types of damage resulting from the abuse of alcohol. For the sake of clarity we compress the motley assortment of suffering, dereliction, and hopelessness into four divisions. It will be encouraging to know that for one in three diagnosed as pathologic, benefits can still be reasonably considered available under modern care. The incurable types will be clearly indicated as they are discussed.

From the standpoint of therapy the designation

alcoholic allergic asks for two treatment approaches. This classification can be applied to our so-called benign case where the unfavorable reaction to drink is based upon the individual's acquired biochemical hypersensitiveness to the drug. His allergy can to a large extent be dissipated through a prolonged biochemical reëducation. Into the pathologic group must be placed a larger number in whom extreme disturbances of conduct immediately follow the use of even small portions of liquor from the very outset. We consider these as individuals who have inherited defective blood-brain-barriers. They have ever been and will ever remain alcohol's most acute victims. Hence the alcoholic allergic may be regarded as either pathologic or benign depending upon whether the allergic trait is innate or has been acquired through the years. The originally benign allergic becomes pathologic when his judgment warps so that it removes him from the capacity for common sense and that self-defense which is inherent in normal man when combatting disease.

The simplest type of intelligence avoids disease. The child of the day laborer is vaccinated against this and warned against that; he becomes disease-protection-conscious early. But the acquired pathologic allergic persists in exposing himself to physical and mental damage. Years ago he, too, knew the dangers of strong drink, but today that knowledge has been masked by the habit of rationalizing until the only ability left in regard to himself and drink is his response to desire. Drink makes him feel better. Ergo, it does not hurt him. Likewise, he is abnormal as he resents the efforts others make to help him. Again we

quote wisdom of old, "Wine is a mocker!" It takes its place with that habit-producing coterie of drugs which creates certainty of growing need in the mind of the user. Thus we may expect in our first conferences to find the patient as strongly pro-alcoholic in practice as he is weakly anti-alcoholic in conviction.

I have been present in staff conferences in which the welfare of a thirty-year-old Bachelor of Science in Engineering, for instance, was under discussion. His physiologic and psychologic knowledge probably represented no more than a single semester's work. Seated in the presence of a half-dozen physicians and psychotherapists whose preparation totalled a hundred years of medical, psychologic, and psychiatric study combined with a half-century of experience in handling the problem which this young alcoholic submitted, I have found myself heartsick as I listened to this tyro refute for a half-hour the earnest counsel of these experts. Finally, he left the room fully satisfied that he knew more about himself and his needs than they all—none of them had had his "experience." In the majority of pathologic cases, we meet similar mental hazards to the patient's recovery. The mental patterns have been graven deep through desire and rationalization. He who continues to drink in the face of repeated evidences of its damage to health and conduct is in that respect mentally disordered.

The patient is staffed again a month or two later following thoughtful hours with the psychotherapist. He is much less cocksure this time. Indeed he may be quite ready to admit that his drinking habits have been unwise. But he wants to compromise. He clings strongly

to the perverted ideal that manly strength is being like the rest of the crowd in spite of the uncompromising teaching that for the thousands constituted or damaged as he, absolute teetotalism is the only road.

The combination of neurotic instability and apparent alcohol-need is frequently the psychiatrist's problem with the pathologic allergic. The study of such cases reaches deep into the fields of heredity, environment, personal habits, and individual biochemistry. With hormones awry, with standards worn to a frazzle or shell-shocked, the therapist faces a complex pathology. Insecure, dissatisfied, disheartened, bored, not knowing the way of safety, they grasp the hours of forgetfulness contained in a pint flask. Hellish the suffering and ghastly the penalty which some neurotics pay for the very fineness of their hypersensitive make-up.

His father was a Cuban. Professor of medicine and a skilled student of tropical disorders, he was consulted by specialists from the nations of sister republics and visited by teachers from the States. The doctor-son was well educated, too—Havana, Vienna, and Paris. Physically and socially Dr. Manuel Ochoa was outstanding. He as well had received a university appointment. During the occupation he married an American officer's daughter—a golden-haired blonde from the Midwest—and his love was worshipful. A little girl came two years later, and he would have named her Adorable had not the less romantic wife compromised on Orita.

The Ochoas maintained Castilian standards of entertainment. Wine for dinner was all very well until the American cocktail was introduced, and the Ochoas evolved a unique drink spiked with the rum of the Antilles. The wife was temperately discreet—one wee glass only. But too rapidly the doctor fell a victim to his own concoction. Allergic he must have been for

at the first dinner party where he partook of three preprandial quaffs, he was silly throughout the meal and the guests left at the earliest courteous moment. After their departure the doctor tried to retrieve the rather disconcerting situation by another cocktail. An hour later, the wife for the first time saw him stripped of his Spanish urbanity as he blamed her sharply and unreasonably for the failure of the evening.

He slept it off and in the morning was ashamed, contrite, pathetic. It was most easy to forgive. The wife sensed his susceptibility and suggested dispensing with cocktails. But he insisted that they were the proper thing, that all the other families were serving them. Within two months he came home from a semiformal affair again quite difficult. And so it was to be an ebb and flow, better and often worse—drunk at bedtime, remorseful and gentle and begging forgiveness by morning.

The wife and Orita, now seven, were spending two months in the States. The doctor drowned his loneliness several times at home, his first solitary drinking. Now it would be straight rum. But he had been sober for a week when he flew to Miami to come back with wife and daughter, and had arranged a fine home-coming party. He was innocent as a child of any thought of possible tragedy. Ochoa never looked better than that evening; now in his early thirties his Latin self glowed with pride in his handsome wife and beautiful daughter. They returned to him painted deep with the flush of health by the summer suns of the northern hills.

Life would have been different for three people at least had the cocktails been spiked with the juice of the Valencias, but the finest Bacardi was to give them its refined urge to levity. The doctor went beady-eyed and overstepped at the table. The lady's husband resented his impropriety and the party went badly wrong. The last guest was barely clear of the house when Ochoa tossed down one glass after another. He burst into his wife's bedroom with a diatribe of insulting abuse. As she started to leave he slapped her violently, and their little girl screamed in fright and tried to run to her mother. He kicked her into a broken spine which left a maimed paralytic. Mother

and daughter came at once to New York, but little the neurologists could ever do.

A humbled, chastened father in whose heart the blood of remorse fairly curdled helped from afar. The separation was permanent. The doctor's resignation from the university was respectfully requested. A dozen positions he has held since in various countries of South America—skilled, capable in his work, orderly and efficient in every new position. The love for his wife burns a flaming sore in his breast. He will win her back! Then some rebuff, some excess of tension, some piling up of memories, and again. . . . He has been treated. His friends know his normal, gentle, genial self. But during the epidemics of his drinking they must shun him for he is impossible in his devastating sprees—then no friendship can help him.

Dr. Manuel Ochoa—educated, refined, sensitive, capable, surrounded by upholding faithful loyalty, his home leaving nothing of love, affection, and pride to be desired—is a pathologic alcoholic. Hypersensitive, tense, neurotic, he was by inheritance mentally allergic to alcohol.

Another difficult type is the will-less emotionally labile, so constitutionally facile that he lacks any capacity to resist temptation or to fight for his own rescuing. Often quiet, inoffensive as a woman, agreeable, indeed pleasing in every situation, ready to discommode self to the point of outstanding generosity rather than disappoint another,—all this to be turned in an hour into sullen, unsocial remoteness by drink.

In all such lives it is obvious that we deal with the imperfectly integrated personality. Emotional instability does not look to reason for guidance in the face of desire. Again we suspect that it is a defective barrier which allows the drug to work such chaos in the conduct of men and women who have been surrounded

from childhood by modern opportunities and enviable social amenities.

We pass on to the even more difficult borderland alcoholic. Here we consider that motley medley of conduct-problems which grow out of the use of alcohol by the psychoneurotic group, notably the neurasthenics, hysterics, and psychasthenics. Following our same line of reasoning we consider that these have a hereditary barrier-deficiency, and from their early years have been unable to meet life's give and take on account of their inherent psychoneurotic instability. Figuratively, their intercerebral mechanism suffers from static. It goes without saying that when the further disorganizing factor of drink is added, the result is disastrous. This is the unstable combination that produces society's burdensome and expensive misfits. Regularly, the alcoholized psychoneurotic offspring, daughters especially, of the well-to-do are brought to the psychiatrist because of increasing temper-tantrums, outbreaks of petty violence, disgracefully *outré* conduct, abuse of dependents, and crass ingratitude to those deserving their heartsome respect. Some of them revel in the cheap publicity of freak acts; they "adore crazy parties," and brag that the "sky is the limit." Behind their alcoholic pathology is usually a well-advanced psychopathologic condition never to be cured by prayers, fasting, and the laying on of hands.

The study of these patients will frequently disclose the hopeful element that the resort to drink was but an escape from the confusion, perplexity, indecision, insecurity, and other unhappy affect-disturbances common to psychoneurotics. When the patient's emotional self

is stabilized and he intelligently understands his own neuroticism, the call to alcohol can be reasonably faced.

In our discussion of the benign alcoholic we considered in quite some detail the personality-problem. The well-grounded psychiatrist has learned to welcome many of these even though damaging drinking is related to such a handicap. Dubious, indeed, is the condition usually presented by these unhappy individuals when they are placed in the psychiatrist's hands. They may have surrendered to their inadequacies as they have accepted the color of their skins. Various, and frequently consistent, efforts have been made to attain a self-satisfying capacity to carry on with the personality which is theirs, but their efforts have palled as regularly before the shriveling sense of their inferiority, their inability to adapt, to adjust. They have resolved and weakened, wrought and wearied, loved and lost, striven and failed. A spree gave surcease only to more deeply brand them inferior.

What to them can their days hold to neutralize the inadequacy, the unattractiveness, the weakness, they feel in every emergency? And again they ask for the Lethe of the cup. Long ago their plight reached the seriousness of an obsession which is definitely pathologic.

We say we welcome them because under correcting and inspiring tutelage when the good which is theirs has been reasonably appraised, it can be exploited, new adjustments planned, and small successes accomplished. It is infinitely better to be running a three-acre berry farm, to be selling the choicest of the pick in attractively cellophane-decorated boxes and con-

verting the rest into jam, jelly, and preserves, content and proud in the quality of farm and kitchen; better, truly, than drifting on in alcoholic inchoateness, a shielded disgrace in his father's factory.

The challenge of adjustment is ever before us. Treatment should never be undertaken on any other basis with the patient than, "You have come to us to be taught to live without alcohol in any form at any time"; or with the parent than, "You have brought your son delegating to us every moral and legal authority to reëducate him, to rehabilitate him, to make it possible for him to live alcohol-free the rest of his life." Pathologic cases are received only for an adequate period, rarely less than nine months. They are not received until authority to carry out such constructive regimen as the case demands is made available. We are not now considering the benign case who comes voluntarily asking for help, but the patient whose inability to live a sober life has long been proven. The problem to be faced with him is that of compelling health.

The technique suggested for such a drinker is similar to that offered the benign with a few stringent modifications. Additional personal attendance should be provided, affording skilled and watchful protection with keen outlook for any period of stress or any expression of hallucinosis or psychic disturbance which may be unmasked as the drug-influence disappears. Specially supportive nourishment, relaxing baths, and massage are prescribed these early days. The patient is received and treated on the principle that he is hospitalized and under ordered and carefully planned

medical care. Any allusion, indeed any thought of, punishment is painstakingly combatted.

Physical, neurologic, laboratory, and psychologic examinations follow each other as early as the patient's condition permits the obtaining of satisfactory findings. His mental progress dictates the commencement of psychotherapy. As with the benign case, conferences may at first be quite general. The patient will have opportunity to outline his own estimate of his life. From week to week the same approach is made. Not until the individual can realize acutely the cost of his alcoholized conduct; not until he feels normal, earnest regret for the months and years he has kept his family immersed in uncertain apprehension as to what disgrace he might bring upon them next; only when he is capable of facing fairly the entire life-situation, does the therapist find reasonable basis for hope. So again the treatment is reëducational. Through many avenues of interest the ingenuity and sympathy of the psychotherapeutic department utilizes unwarped good and adds rich knowledge until the patient finds himself surrounded by a wealth of helpful opportunity.

Another valuable element is brought out in Dr. Forel's unusual statement of his evolution in the reconstructive education of the alcoholic, a unique contribution to medical literature. From the early eighties he was responsible for medical care of both state and private mental patients. He writes thus of his work:

"About 1882 or 1883 I had treated a confirmed dipsomaniac who was admitted to the hospital four times. He always began to drink again, struck his wife, threatened murder, etc. I pro-

nounced him incurable and recommended divorce and detention. At the advice of a minister, the wife made an attempt to take him to a small asylum for inebriates of a temperance society at Basel, then unknown to me. There he remained six months, became a total abstainer . . . he has indeed remained cured since, *i.e.,* for 15 years. This made a deep impression on me. Here I was paid and employed by the state to cure my patients and failed to do it, while medically untrained people succeeded. In this case we did not deal with one of those numerous cases of spontaneous cure of a mental or nervous disease which the ignorant ascribe to their quackery. It was an undoubted effect of treatment . . . I tried to get some information but did not find any. All my efforts to turn my alcoholics into permanent water drinkers were in vain. Fully 25 per cent of the male admissions to my hospital were alcoholics. . . .

". . . I happened to send for a shoemaker in the neighborhood, a Mr. J. Bosshardt, to take my measure for shoes. After this had been done I offered him a glass of wine as is customary with us. He declined with a smile. I was surprised and asked him if he was a temperance man. 'Yes, sir.' 'Total abstainer?' 'Yes.' 'You have a society, perhaps?' 'Yes, a small one in our part of Neumunster; I happen to be its chairman.' Then I jumped to my feet. 'You are the man for whom I have been looking. Will you receive into your society the alcoholics who leave the hospital? I should send you the most promising cases with profound gratitude.' 'With pleasure; send me all; one never knows whether the apparently worst ones do not turn out the best after all.'

"We rapidly came to an agreement. . . . With touching self-sacrifice and with the greatest insight the poor man devoted himself to the patients. His recompense was their recovery. And as if by a charm, for the first time in my life, I saw drunkards recover, truly and lastingly cured. To be sure, there remained many relapses, since only the worst ones came to the hospital for the insane; and the poor shoemaker suffered many a disappointment which pained him very much. Yet his angelic patience could not be discouraged. This lasted one year and a half longer. I myself felt worse and worse over it. The

medical part I played in the arrangement appeared more and more pitiable. One day I said to Mr. Bosshardt: 'Well, dear friend, it is nearly two years now that you have devoted yourself in such a disinterested way to my alcoholics, and that many get well is something I never saw before. Please explain to me how it is. I am paid by the state to cure these people, and I cannot do it. You are the one who cures the drinkers, not I. Why can I not do it? I am deeply ashamed.' He answered briefly with a smile: 'It is very simple, Director; I am an abstainer and you are not. That is the secret. You cannot teach others convincingly that which you do not do yourself.' 'You are more than right,' I answered; and I put an end to my wine-drinking.

"From that day (1886) I became an abstainer. . . . On the same day my wife and myself became abstainers. . . .

"From that day, and as if freed from an evil charm, I could depend upon my own sails and did not need anybody to assist me to cure alcoholics . . . Hundreds are the numbers of drinkers and drinkers' families which I have cured since then. . . .

"Through this work I had at least 20 times as many positive results of cure as in all the rest of my 24 years of psychiatric activity. This fact cannot be shaken." [1]

As early as possible we must determine what the patient's recuperative capacity is and whatever ability and stability he has demonstrated in the past. As clearly as may be we must also ascertain his desire as to recovery and his ideals as to cure. Discouragement should not be allowed too strong a grip even if this information is not heartening, for it has been proven that unless we deal with a definite psychopathic inferior or irremediable disintegration, surprising latent talents may appear under observing, intelligent, reconstructive

[1] Forel, A.—*The Alcohol Question.* American Journal of Insanity, 57: 297, October, 1900.

tutelage. In any case, regenerative capacity remains unknown until the full release of dealcoholized living and the inspiring stimulation of new and unthought opportunities have wrought their good.

A modern institution conducted after a reëducational ideal is a small world in itself—a select body of patients, a corps of carefully chosen specialists, scores of workers in various departments, all single-minded in this school of personal adjustment. Here the student is taught by precept, led by example, stimulated by thoughtfully arranged competition. All departments dovetail to the end that the patient's personality shall be rounded out, and that his special abilities shall be augmented while his educational or training deficiencies are being replaced. Such a post-graduate school majors in teaching the principles of normal living.

As physical vigor, mental alertness and emotional comfort flow in upon one who a few months since was enslaved in a deceptive maze, the future becomes a subject of deepening importance. What to do with the new-found strength? What protection will be necessary to maintain present self-mastery? How will the home help? To what is the patient returning that will uphold the good he is now earning?

It is wise to have a series of conferences with parents, the husband or wife, sometimes even with the children. What is the hope for one freed through months of association with sane minds and normal habits if he returns to the nagging, threatening, suspicious, and thoughtless disregard of overtense parents and silly, self-seeking, heartless wives? So in the

later weeks it is important to know the family and to help the family help the patient by honoring, even if they cannot maintain, his new standards.

As may be anticipated it is frequently found that for some reason the family's religious teachings and the guidance of the church in which the patient has been reared have broken down. Sometimes these helpful influences may be resumed, but often there is little benefit in pressing a return to pre-alcoholic religious associations. However, practically every community supports a nonsectarian Y.M.C.A. and a Y.W.C.A. where a warm welcome is waiting one who is trying. These excellent organizations provide for the systematic continuance of the physical gain which has been attained under treatment. Regular gym classes, men's volley ball, and the excellent invigoration of the swimming pool are available. Social gatherings and religious meetings with the minimum of cant are offered, and many of the associates here are living not thrilling lives, it is true, but are making an honest and genuine job of their opportunities. Each town has safe, recreational, and cultural clubs if one is interested. The average alcoholic is naturally an outgoing type and is usually socially attractive and capable of adding to entertainment. Remote, indeed, is the community which does not provide some constructive group into which the returning patient will be heartily welcomed that will replace convivial, parasitic friendships.

The patient has spent six months, a year, two years, in surroundings rich in the vitamins of normal life. His attitudes are now inspiringly different. Usually earnest, sometimes overconfident, he returns to mingle

with his family, friends, and fellow men. Is he cured? Ah, how many of those who have worked beside him these months follow him in honest hope! Is he cured? Will he relapse? A tuberculous lung, and months are spent in rest under expert care—a year or more and cautiously the patient takes up some of the old activities. Is he cured?

In neither instance is relapse necessarily hopeless. We think of some outstanding cases who have tried themselves out to see if they could not take it and leave it in a disappointingly short time after discontinuing treatment. The patient was promptly returned and an analysis made of the relapse. The defects in his acceptance of the principles taught him were revealed, and he was shown the fallacy of utilizing the faults of others as his own alibi. An added period of self-searching treatment was undertaken in fuller recognition by all concerned of the weaknesses and difficulties which were to be overcome, and success has been attained.

We mention another type of relapse: that of the rebellious, stubborn patient who, resenting his enforced institutionalization and the deprivation of what he considers his rights, has never surrendered a hidden determination to show the family who was the stronger; and he promptly and defiantly returns to drink after his dismissal.

For these a method of management has proved efficacious when the family has had the intelligence and the backbone to coöperate with the psychiatrist in carrying it out with no shadow of turning. Following prompt readmission under authority conferred by state

commitment, the patient instead of later being dismissed is paroled with a clear understanding that the first evidence of a break from the accepted routine will automatically act to return him to the hospital. This is sobering proof to him that those responsible for his future intend to leave nothing undone to compel that normalcy of life which he himself would forfeit. Assurance that another six months or year of semicustodial care will follow the first drink is the essence of convincing logic. Seldom is it necessary to return this type of patient for more than a third period. It works.

The Beginning of Disintegration.—From our early chapters we have laid at the door of alcohol the major charge which with slight revision may be graphically expressed by the classic axiom, "Whom the gods would destroy they first make mad." We may translate *mad* into *crazy* of common parlance to describe its too frequent ultimate effects upon the minds of those whose nervous mechanism is inadequately safeguarded by normal barriers. This tragedy occurs specially early in the loosely knit personality, in decades with others, and never with a few of the elect.

Ten years of regular drinking, however, for the average person and evidences of physical and mental damage are the rule. For many years the individual found in drink some type of enjoyment, of relief from tension, of exhilaration, as the brakes were loosed and the momentum of desire was unimpeded. An increased appetite for food, a sense of ease in social contacts, and mellow contentment suffused him as he unconsciously shelled off the painfully built inhibitions of civilized and personal achievement. Until . . .

The beginning of the fateful change first appears with the inability to obtain pleasure from drinking. Eventually he must drink to be comfortable. Now he is an addict. Loyalty to the false master is near fanatical, and he pursues his way to deterioration with, "All I need is another drink." Undisturbed, he may remain superficially good natured, but flaring irritability is close beneath the surface. He loses friends. His wife takes their children and goes back to her father's house. He is called to the office and warned. His alienation deepens as in his heart he charges all and sundry with being envious of him, of not giving him a square deal, of not appreciating his ability, and the flames of suspicion smoulder within his deforming mind. At last it is alcohol for pleasure; it is more alcohol for sorrow. It takes several drinks to start the morning. The work of the day demands a handy flask. He drinks before he meets an important customer. He drinks to recover from the weariness of the conference. He drinks to eat. He drinks to sleep. Just down yonder as he turns the corner we shall meet a drunkard.

The day of safety has passed. If he is institutionalized for a minimum of six months there may still be hope for him. Damage to stomach, kidneys, and nervous system may yet be largely overcome. It is obvious, however, that heart, kidneys, and arteries may be so alcoholically damaged that not enough normal health remains with which to make a successful fight for sobriety.

It is not difficult to understand that a definite distinction exists between the convivial and solitary use of liquor. It never occurs to many of the benign type to drink alone, and it is an evidence of the detrimental

infiltration of alcohol's evil when the social user begins solitary indulgence to escape either himself or the situation. On general principles, he who has always imbibed in secret, or changes from a social to a solitary drinker, presents a more difficult problem. The very surrender to the tendency to deception associated with private drinking indicates a definite character-change.

No compromise can be made. As the brain clears and the mind can comprehend, the doctor puts the situation in frank terms: "My man, you are here for treatment not that you may ever fully eradicate the scars of ten years of self-poisoning, but to save your mind from the idiocy of alcoholic dementia. It is not that the next spree may kill you—that might be a mercy—but the evidences are as clear as print that for you relapse means chronic alcoholic insanity. It is not for you to get well to enjoy again for a space another jaunt down the primrose path. You are here to save yourself from destruction."

The restorative treatment is without exception custodial while the self-protective rehabilitation is attempted. Six months is a debatable minimum period.

Alcohol and Mental Maturity.—We now face a radically different set of problems. Heretofore we have been dealing with those possessing an inherent capacity for normalcy and toward whose recovery hope ever leads. But the chances of the mentally inadequate are fatally foreshortened. We all recall simple minds that are as dependable as the days; knowing only one road and following only one path, they carry on such accomplishments as they have attained without shadow of turning. Most of the mental inadequacies are scientifically considered as resulting from hereditary or

birth defects. Infections during youth as meningitis or encephalitis may permanently arrest further mental progress.

The mental examination made at the time of the patient's admission includes a Simon-Binét test which may reveal that though the individual has lived thirty years or more his mental age is fourteen or less. His I. Q. (Intelligence Quotient) proclaims limitations in adaptability, in capacity for independence and further mental development. Often this examination has not been previously made in spite of months and years of abnormal conduct. Not until some impossible situation brings the case to the consulting specialist does the family, even the family physician, learn that for years they have been dealing with one whose judgment-development stopped at puberty. For years he has been in contact with mature responsibilities and temptations guided by the judgment-capacity of a child. "But my son has a remarkable memory," the parent insists. Yes, that may be true, and it has made reasonable grades possible quite beyond the mental age. But he lacks reason, judgment, the capacity logically to relate cause to effect. Regrettably, too, moral judgment —the balancing of right and wrong—frequently fails to develop, and produces a type of mental inferiority which may long have been ascribed to meanness, viciousness, the wild-oats-sowing period, or the damage of evil influence.

From the first irregularity, the boy was the victim of a hopeless interruption of mental growth. Ralph Walters was born somewhat over fifty years ago near the capital of Florida. The father was a man of ideals, a bank official as well as a true pillar

in the largest church of the town. He was accepted as an outstanding man by the community, and his excellent physique and fine erectness exemplified his essential integrity. The successful combination of a stock firm and insurance business gave Cap Walters, as he was called, a leading position. Both parents were single-minded in their earnestness to live straight-forward, godly lives, to provide well for their children, and to rear them with the best possible advantages. The family stood for the little city's best.

Mary, the elder daughter, grew rapidly. She was an excellent horsewoman. An eastern girl might have thought her a tomboy, but she was as genuine as her father. Lita, younger than Ralph, was too pretty perhaps; certainly she had charms which attracted first one then another who later complained that she had made it too easy for them to propose. She it was who stuck to Ralph after all others had agreed that he was hopeless.

An attractive little towhead, the son. He was somewhat oversistered and a lot more clever than his mother whose pantry he raided in and out of season from his sixth summer on. He dutifully attended Sunday School, always knew the golden text, was hopefully mischievous, entered into school sports and later pitched on the freshman-high team.

Things hadn't been going too well the last two years. His father gave him a tremendous thrashing when he was fourteen after he found him messed up with a darky girl. That same year money disappeared here and there—even a five-dollar bill from his father's wallet. Both parents were clear-cut temperance advocates, but Ralph was barely fifteen when he came home one night so boisterous that he stirred up the whole household. They all knew the next morning that Ralph had been drunk. Twenty-five years later he was to be dumped into a western calaboose "just another drunk"—to be found dead in his cell the next morning.

The fewer details of those twenty-five years the less unsavory the telling. He didn't finish the second year of high school—his mind blocked dead on algebra. Long since, the habit had developed of not coming home but sleeping out any old place

when intoxicated. A strange sort of frightened repentance and a weak shifting of the responsibility upon some of the boys were Ralph's sobered reaction. It never took much to make him noisy and ugly. Meanwhile he was counseled, advised, and prayed for, by first one and then another of his parents' many friends.

At nineteen after a specially lurid spree he disappeared, enlisted in the army and wrote home that he thought this would probably cure him. His nights in the guardhouse were an improvement for them all. Now mother didn't weep; sisters were not humiliated, and people did not pass the house with pity in their lowered voices, "Young Walters is on another drunk." Upon advice his father made no effort to arrange for his son's release from the army for he fervently hoped that routine and discipline might avail.

Discharged at the end of his enlistment, Ralph Walters landed in New Orleans with his last month's pay; spent three days in a brothel; came to himself with enough in his pocket for a cup of coffee. Knowing nothing else to do, he reënlisted.

He did not return home again until he was twenty-six—bronzed, muscularly solid. The loss of two front teeth in a brawl and a weak-faced hardness had robbed him of most of his boyhood's charm. The family welcomed him warmheartedly, and he spent a sober month basking in the comforts and devotion of his home.

Fifty dollars slipped from the father's purse, and Ralph disappeared the same morning. Oddly, this was the first night in weeks that more than a few dollars had been left in the billfold. Within less than a month a wire came from the police in Memphis, "Your son is locked up with charges against him of taking money belonging to a roommate."

The defense lawyer was abreast of the times. So it happened that at twenty-seven Ralph Walters was first studied as a pathologic individual. His parents were astonished when informed that Ralph's mentality was barely that of a thirteen-year-old. He was classified as a moron with psychopathic personality, incapable of moral judgment and therefore, irresponsible.

In the face of frankly discouraging advice, he was given six months of institutional, reëducational care. Physically he blossomed, socially he was disarmingly charming, and his skill as a baseball pitcher made him specially popular in the little hospital's league which year after year played two games a week for an annual pennant.

As the time for his dismissal approached, the younger sister came; saw him daily, and was sure that her brother was well. She was so sure that without the knowledge of the hospital authorities she loaned him twenty dollars to buy a new suit. He had been on parole for some weeks, but being without funds, what was the use? Twenty dollars! He disappeared.

The father, now completely convinced, gave ear to the doctor's suggestion: "Three courses only are open, Mr. Walters. Left alone, your son will soon reach his level as a citizen. If his unsocial acts are of sufficient importance, it will be the penitentiary. If his derelictions are minor, he will float around as a tramp. You can have him committed to your state hospital if that institution is not too crowded. They will probably dismiss him in the course of a few months as not insane, for without alcohol his conduct is normal. He can be committed to a private institution where he will remain at an expense you can ill afford."

The strain had told. Hope was gone. Funds should not be wasted. So far as any available record shows Ralph Walters drifted here and there, an easygoing, not unhappy knight of the road. More clever than the average hobo, he would have been something of a leader among them but for drink.

This type of individual is pathologically inadequate to help himself. Others' persuasion, pleadings, sacrifice, and suffering are futile. For him there is no such thing as safe, moderate, or genteel social drinking. The treatment is permanent protection.

Ralph Walters's sense of moral responsibility remained that of a child without childhood's protective fear. His reasoning capacity was that of an adoles-

cent. Yet through the ignorance of parents and teachers he was trusted with the responsibilities of young manhood; he was not shielded from the temptations of adult life which washed him as a flood into the gorge of forgotten men.

Alcohol and the Psychoses.—Alcoholic insanity presents a variety of forms in its victims—delirium tremens, acute and chronic alcoholic hallucinosis, Korsakoff's syndrome (treated with gratifying success today by vitamin B and nicotinic acid), and definitely hopeless alcoholic dementia in which only an arrest of symptoms with limited physical gain is possible. Alcoholic pseudo-epilepsy, alcoholic pseudoparanoia, and alcoholic pseudodementia complete the list of the more frequent forms caused by, or closely associated with, the abuse of drink. We recognize that abstinence would have prevented them all.

As has already been mentioned, inebriety may be the result of mental disturbances originating from non-alcoholic causes. The cyclic drinkers were grouped with the manic-depressive psychoses. Rapid deterioration with alcoholic symptoms occurs now and then in schizophrenics or cases of dementia praecox. The epileptic not infrequently turns to drink with serious results. The entire group of defectives from the imbeciles on up to the deceptively attractive high-grade psychopathic personality are especially vulnerable to the tenacious grip of alcohol. The pathology of the relation is obvious.

Mine was a strangely early initiation into an entering knowledge of pathologic alcoholism. Our family for generations had been alcohol-free. Mother's most attractive sister married a

Canadian of noted family. His special branch was engaged in railroad contracting, and it was when he who later became my Uncle Mac was laying rails across my grandfather's property in a little northwestern Pennsylvania town that he was carried off his staid Scotch feet by my sparkling young aunt whose charms never faded, and whose devoted lover he ever remained.

Her father was one of the early sons of the Knights of Temperance, and my dear aunt never temporized. She proudly turned down her wine glass even at state occasions of Canadian entertainment. Uncle Mac was a ruddy-faced, plethoric blond not unlike a gentle St. Bernard. He never took a second glass in my aunt's presence. But the lust for the cups was in his veins. Too many generations of that family had drunk in state and passed to this robust hundred-and-eighty-pound, food-loving, innately intemperate Uncle Mac desires which called aloud to be unleashed when he was away from his wife's influence.

It so happened when I was twelve that Uncle Mac spent a few days in our little home in Cleveland. He was very fond of my mother and came to us whenever he was in the city on business. This day he returned to the house an hour before supper and jovially tossed me a package saying, "Ask Aunt Jennie to cook it for us tonight."

His room adjoined the one in which I was studying. I heard a queer noise, a gasping, choking sound, then a commotion. I opened the door and saw my dear Uncle Mac, his eyes crossed and fixed, his face purple, with froth and blood puffing from his lips, struggling as though in the grasp of death.

Dr. Turner's office was upstairs over the corner drugstore. Within five minutes I had him beside Uncle Mac who now lay pale and limp but dully conscious. A few moments later I was taking the prescription to be filled. The doctor was gone when I returned. But next morning I heard his directly earnest, "My man, you had a whiskey fit. You might have died. Whiskey will kill you. Stop drinking if you want to live."

So Uncle Mac drank! I had not known it before.

Years later my aunt told me that good Dr. Turner's advice had proved a protective warning and so far as she knew Uncle

Mac was absolutely sober for five years. But he was to die in the then remote town of Winnipeg in an alcohol-induced epileptic convulsion when he was fifty-six!

Associated with the epileptic is the outstanding manic type to whom strong drink is raging. No one knows, no one can count the annual thousands of tragedies and near-tragedies dripping from the hands of quick-flaming insanities. Anxieties grow apace in the homes of the alcoholic pseudoparanoia. Jealousies mounting to insane suspicions and murderous outbreaks attend their drinking.

For this entire group the state offers protective benefits through commitment not primarily as alcoholics but as psychotics. For many of them, as with certain psychopathic personalities, this guardianship must be indefinite: a lifetime for some, periods punctuated by shorter or longer paroles for the cyclic, to be terminated instantly upon failure to maintain self-protecting abstinence. For the alcoholic dement, the county home or the state hospital offers the most kindly solution for all concerned.

Legal commitment, therefore, beneficently helps many types of cases who could not otherwise receive reconstructive or custodial treatment. It is good to write that all state institutions today afford humane care; many provide up-to-date, scientific benefits if the appropriation is adequate. Through this ultraworthwhile use of public funds thousands of individual lives are given physical, emotional, and mental protection and succor superior to any care possible in 90 per cent of homes where the understanding and equipment are not available to offer that constructive good to be

found in special hospitals, whether public or private.

Savant or moron, scholar or imbecile, satisfaction in life is only attained when the daily doing reflects the best expression of individual capacity. With slowly emerging intelligence and tardy kindness, daily occupation is being provided for hospital inmates. Work for hands and minds was the Almighty's first prescription for ailing humanity.

SECTION III

ALCOHOL OR MAN?

Chapter XVII

LIVING ONE'S OWN LIFE

Life and Self-expression.—As our chapters have unfolded you may possibly have noted that the earlier ones studied the alcohol problem chiefly from the mental or psychologic viewpoint. These were followed by a series of pragmatic chapters in which the practical approach evolved by recent scientific study was associated with the experience of many experts. The earnest student who has reached this point will be interested in a revealing enlargement of the specific work of the psychotherapist as he inducts his student into an applied philosophy, in the absence of which many have nebulously sought to solve their psychologic difficulties through chemical influence. With the alcohol question as with all man's developmental problems, the abiding solution must come from within one's self. Our following pages will indicate in specific illustration a typical series of conference-approaches in the study of the more practical principles of an applied psychology. Naturally, these will be modified in adjustment to the personal needs of the individual student, who on occasion may turn interrogator as his interest in human welfare awakens.

The educative work of the psychotherapy depart-

ment normally begins with a personality-study directed by a keenly interested expert. The patient's adjustment conflicts, major and minor, particularly those early revealed in the emotional sphere of his reactions and relations, are analyzed and the underlying defects in rearing, training, and home and school education made clear. Then follows a detailed presentation of the principles of normal living with special emphasis upon the peculiar needs of the individual. This daily classwork, either private or in groups, progresses side by side with carefully ordered activities not unlike those of a wisely supervised training camp. Nutritional education is going forward apace. The sanest type of modern living is being taught.

In each class-group are certain of the scholarly-minded who will not stop here but wish to mine deeper into the wealth of that knowledge lacking which their years have been unprofitably scrambled. And for them the philosophic approach will offer lasting worth. As an example of the objectives and as a hint of the methods of presentation, we are outlining some of the principles taught in the philosophy of sane and larger living. The individual benefits of the entire modern trend are clear as we note that each of these objectives, while not presented from an essentially pragmatic viewpoint, is available for useful self-application.

The psychotherapist has already delved deeply into the nature of the student's emotional advantages, and now the inherent philosophy behind the evolution of maturity is made manifest. Earnestly, and this can only be done when the rapport of mutual sympathy and trust has developed, he asks the searching question

which opens the doors to a discussion: *What does life mean to you?*

"At thirty you have touched it from many angles. It has flowed in upon you through manyscore influences. It has led you, driven you, buffeted you, and you haven't been able to take it. You have attempted to dodge it through alcohol, but underneath this all the fact stands out that today you belong to the grown-ups. Here you have this rare opportunity to weigh values calmly, talk it all through—indeed this is one of the most outstanding advantages in this school of reëducation. What, in the home, in the church, to your body, to your mind, to your deeper self,—what does life mean to you? In these last weeks of self-analysis with what earnestness and honesty have you weighed the question? What meaning does life have at any time except what alcohol gives it? You have reached the time when with equal honesty you can face another question, *What does life mean to you without alcohol?*

"As a neurotic you carry the handicap of special sensitiveness to discomfort, to loss, to physical or mental pain. Of all the truths you will be taught during this course of self-study, none will be more encouraging than that not only does the neurotic possess a much wider horizon of perception, but all life is potentially more vivid than to the ordinary person. While your tendency to suffer is emphasized, your capacity for enjoyment is exalted. And when at last your hormones are readjusted, as a nontoxic neurotic you should know a keenness, a fulness, and satisfaction of existence untouched by the average."

To many unsatisfied with self, the fumes of intoxica-

tion magnify the sense of self-importance which has been rather poorly developed for today's give and take. The undrugged neurotic tends to compensate for this through his daydreams or imaginings, thus securing somewhat of pseudo self-gratification. Our student-patient has not succeeded. The straight way of meeting and using each situation alone gives promise. So far his self-expression has been disturbed through uneven development. In today's class-hour he is considering probably for the first time the reordering of his life on a rational foundation so that self-expression for him may be attained on a solid self-earned road of progress.

Old interests have failed to hold our patient true to the conduct which could assure him that he was doing his part among men as a man should. And he goes with us as we analyze his interests, count their worth, and place beside them the normalcy or inadequacy of his past response to them. These busy years we all have opportunities and they are large. In our conferences we will face without an equivocation an ideal of self, and weigh the willingness to sacrifice the easily-bought false that the possible self be attained. This foreshadows months of striving. We can offer earnest assurance that, be that strife large or small, its earnest continuing will prove a basis of new and enduring satisfaction.

When Is One on One's Own?—Future good—physical, mental, dispositional—is the goal toward which with single-minded effort every element of this reconstructive treatment is directed. Never the present at the expense of the future, is usually a unique approach

to any situation in our patient's philosophy. Learning to work with, not against, one's self! It is startling to most adults who have in their thirties or forties never so forthrightly faced life as to realize how determining this principle has been in making them what they are. Months, years, have been lost in dissipated energy and the depreciation of their self-worth.

"I was born under an unlucky star. I never got any breaks. No one has ever understood me. I always got off on the wrong foot." A score of similar petulancies greet the psychiatrist's ears as the alibiing alcoholic explains his failure. One day the teacher will enter seriously into this puerile attitude and will reasonably uncover the judgment-flaws that broke in upon the mind to interrupt normal adjustment-development. Neither parents nor child sensed the great law which underlies all conduct—the inevitable relation of effect to cause. So has been prepared a way of least resistance in which rebellion, resentment, or falsification becomes the individual's adult habit in response to the disturbing.

The psychasthenic is not classed as insane; still when compelled through haunting, persecuting sense of insecurity to wash and rewash her hands that they may not carry some unnamed contamination to infect her child—insofar as these bizarre ideas control her conduct, she is not sane. So with the alcoholic. In a hundred matters his judgment may be unimpaired, his feeling-reactions remain unaltered, but insofar as the drug controls him in thought, desire, or conduct, he is not sane. The normal man does not need, in fact recoils from, the effects of alcohol.

From early hours of helpful contact the psychotherapist maintains this teaching: inasmuch as one believes he needs drink and to the extent that his conduct is influenced by either this desire or by drink itself, he is abnormal. He will be taught that normalcy presumes the capacity to preserve one's conduct in keeping with the demands of the situation. Judged by this standard, the use of alcohol invites abnormality.

In careful detail teacher and student have discussed from various angles the very reasonable question, *Why alcohol for you?* The self-deception of the rationalized responses and the false premises of rationalized replies have called for wise handling. The burden rests upon the therapist to bring conviction that drink must on no account be used by the patient except when specifically prescribed by his physician in an emergency. Often the discussion waxes warm. The alcoholic's defenses are now alert; he is fluent with examples to prove exceptions, but the mass of available literature, the statistics from the laboratory, repeated and rechecked experimentation by physiologists, case histories from far and wide, testify in convincing rebuttal. It is facts against wish-thinking. Until understanding links arms with frankness and honesty, the psychotherapist finds difficulty in securing that self-revelation so carefully concealed even from the consciousness of the drinker himself. Indeed this self-revelation is often the disturbing reality which he would avoid when he turns to drink. Sometimes it is weeks before analysis brings the fearfully hidden to light, and a fine day's progress it is when as a shielded sore it is finally uncovered, to be cleansed and treated.

Now and then a patient is accepted for what is hoped to be restorative treatment who has so long sidestepped the factual, with whom dishonesty has become so inveterate, that, alack, the truth is not in him. This deficiency is early revealed under the frank approach of the psychotherapist. It then becomes requisite to discontinue ethical discussions and to major for the time on the elemental reality-revealing therapy so flatly expressed scripturally as earning thy bread by the sweat of thy face. After two or three months in which one may confidently expect a large percentage of alcoholic residue to have been eliminated from body tissue, liver, and brain, another attempt may be made to reach the foundations of honesty through daily conferences.

Following the successful outcome of a difficult problem-case, one hears, "Well, if Mr. D. got well, I don't see why all alcoholics can't be cured."

Discouragingly but enlighteningly one has but to point to the sprinkling in all walks of life of those who even without the handicap of drink have never attained independence. Indeed have not the majority of families some member of the productive age, from twenty to sixty, for whom care must be provided else they perish? Emphatically, not until eugenics comes into its own and mental hygiene mingles its tenets with the precepts of morality, possibly not until the state steps in to supplement inadequate early training, not until self-protective independence has become practically universal, can we expect such as today surrender to drink to live safely on their own.

However, as we follow the outline of the training-

advantages now available, all of which anticipate the integration of the personality, it is not surprising that now and then a ne'er-do-well, one who has never thought to earn independence but is satisfied to remain a mere playboy or playgirl, finds a long unsensed better self. We recall some who passed a decade or more piling up indebtedness and multiplying failures, who in earlier conferences gave no hint of any desire for the benefits of sane living, who suddenly saw the light and fared forth to live on their own. This standard will never be reached until the one in need has been led far from the cheap phantasies of drink to self's real estate. In such problem-lives whoever the wise advisor, he must be one endowed with leadership. During the days and months of treatment the guardianship interest of the therapist may gradually evoke the patient's respect for treatment, out of which he may evolve principles of wholesome idealism.

Young Carter's backgrounds on both sides stood more for cleverness and opportunism than solidity. They were small-town folks in southern Jersey. The father was a small trader, their home a few acres on the outskirts of the village. Joe's two sisters were heedless and hoydenish, and accepted the father's sharp-dealing practices as proof of his cleverness. Joe cheated at marbles in school, and to hit below the belt in a scrap was using one's head. He smoked regularly from twelve on. The Carter food was a mixture of hot bread and hog meat and their few vegetables were served swimming in the juice of sidemeat. At fourteen the boy's growth practically stopped due to vitamin-deficiency, but his mother always declared that Joe was stunted from tobacco.

Still he was bright in his studies, and encouraged by the teachers stuck to school and graduated with his class at eighteen. Then luck descended upon the Carters. The west side of their

little farm was on the railroad. The water supply was excellent, and they got twenty-five hundred dollars for two and a half acres upon which a big factory was erected. Then they went to town.

Joe began drinking with the poolroom crowd, and only his fear of his doublefisted father held him in check. He was twenty-four, had married, was the father of a boy, when his wife died and soon after his father was killed in an accident. When the damages were collected, the thrifty widow was able to buy a fifty-acre peach farm which she prayed that Joe could manage. But he now had a taste for liquor. There was no reason to work and during the next two years his periodic sprees became more serious. He landed in a special hospital, committed for a year.

A good job of dental work and the removal of some bad tonsils cleaned up focal infections. Group activities brought out a pride in accomplishment from some untapped reservoir, but it was five classes a week for months under Miss R.—a college graduate, a registered nurse, a master in psychology, a mature woman whose life was dedicated to psychotherapy—that uncovered so much unsuspected excellence of personality. At the end of a little over six months, Joe was paroled to report monthly by letter, to return twice a year for a week's checking over.

Long since, all hospital props have been removed, but the seasons rarely change without word from Joe, always warmly grateful in comment of the lasting regard which has proven an unfading inspiration as Joe Carter has continued to make good. The peach farm and his growing son and later another wife have displaced threatening pauperism of self and purse—alcohol's favorite harvest—by profits which endure.

Probably no outcry is more strident than that of modern youth as he demands the right to live his own life. It is a new generation. Ours is a land of liberty, an age of freedom. We know more at fifteen than our grandparents did at sixty, or our own parents at thirty.

This is a generation when nothing is hidden. We boldly chase the bugaboos of the ages. "Thou shalt not" has become a challenge. The fear of insanity if we masturbate and of pregnancy if we experiment have gone with the story of the bears who ate up the youngsters who ridiculed the aged. We insist on our right to come and go as we wish; to eat, drink, and be merry through the days of our youth while the evil days come not when we shall have no pleasure in them. And inept parents sit more or less idly by asking each other, "What can we do?"

Are modern elders so lacking in intelligence, conviction, or force of character that they sidestep the unequivocal duty of parenthood which demands that parental guidance be not surrendered until their children's feet are led to solid ground? Is it not to this parental inadequacy that we are forced to ascribe many of the weaklings and derelicts with whom we so constantly deal? The principle underlying one's right to live his own life is simple, just, and not to be fairly questioned. When a child becomes self-maintaining, and then only, may he in justice demand to live on his own. The right to live one's own life irrespective of the guardianship of parental direction exists only when one no longer receives without adequate return. To earn one's right is the basis of independence. Moreover this freedom carries with it the responsibility of normal living, to be surrendered morally or legally when liberty is turned into such license as proves detrimental to the well-being of one's self or others.

We find ourselves at this point in the midst of most vivid and vital questions involving alcohol. Here is a

drug which makes for neither efficiency of earning-capacity nor for a standard of conduct harmless either to the drinker or his associates. I know a halfscore men who went out on their own before they were twelve, and succeeded. The biographies of good Americans are rich in examples of men and women who lived their own lives from before puberty—lives of large accomplishing. But how did they live? In the order of sobriety, not in the ebb and flow of conviviality; in the thrift of constant saving, never in the free-handed prodigality of drunken waste; in the clear-headedness of steadfast purpose, never in the muddle-mindedness of ephemeral inspiration.

Tiring though repetition may be, we shall refer again in some detail to the special problem of the social alcoholic. Delightful men and women demonstrating the almost irresistible attractiveness of extrovertive characteristics, ideally self-forgetful in a group, social acclaim has become their fetish. It is so easy for them to be the life of the crowd, to obtain and sustain leadership in various affairs. Let joy be unconfined is the spirit they radiate, a spirit which they have early learned is most easily maintained through periodic visits by all concerned to the concoctions of the punch bowl. A virtue becomes a vice with them.

Finding something better for this type is like asking youth to surrender freedom for restriction. From the playboy to the man! The psychopath can't make the grade. Mother's special doesn't care to. Others have grown even more drunk on Hollywood's Kleig lights than on the cordials and liquors that go with them. Unless some latent moral sense can be found, or bedaz-

zled ideals refocussed, unless the pride of overcoming, the self-gratification of mature accomplishing, or the developing conception that the fulness of life abides in joys which have been earned,—not until much of this is attained will safety arrive. Pleasures which provide re-creation, vacation hours or weeks which represent the salary-check of deserved accomplishments; only through the acceptance of that better something which insists that the normal life is a rounded one in which the re-creating is balanced with the creating may something better be found for these self-willed children.

Two thoughts of applied philosophy remain which if accepted by larger understanding will construct an edifice whose foundations are built upon the rock of stability. Discipline is often a resented word. The very mention of it is avoided in many homes. "My child shall know nothing but the touch of love and gentleness, unselfishness. Immersed in such an atmosphere he can never go wrong." As wisely might I comment, "My child shall have good food, shall grow good muscles. I shall provide for him a smooth macadam walk bordered by fragrant, flowering bushes. There is a stone wall down yonder, but he would never try to pass it. Should he go headlong against it, it wouldn't crack his skull, he has been reared too gently." Of all the puerility of child-rearing, the determination to hide reality behind golden plush cushions most surely makes for the helpless semimaturity which so defenselessly turns from the blistering, crushing jolts of reality to the smothering mother-comfort of alcohol.

Repeatedly patients say, "I hate discipline." How simple the answer, "My dear fellow, external discipline is never needed except for those who have not self-discipline." Here is the weakness which makes individuals nonresistant to alcohol. When self-discipline lacks—not taught at home and often peculiarly avoided in the modern schoolroom—the ability to say *no* does not carry conviction.

The task which can know no compromise is to lead the willful into paths of self-willed discipline. He must accept sobriety as a principle. The psychotherapist must work toward his goal without any appearance of narrowness of intolerance, and open before his pupil a far-sighted conception of the possibilities of a self-mastered life.

Chapter XVIII

MEETING LIFE'S GIVE AND TAKE

What of the Past?—Heartsick relatives have difficulty in comprehending the helpful ease with which the professionally trained counselor is able sooner or later to enter into, and often to discuss with direct frankness, the relations between the drinker, his habits, and his ideals. Mothers tell us, "There is no earthly use in trying to get my son to talk about why he drinks or why he doesn't stop. I have brought it up with him a thousand times. Now, if he says anything, he tells me to shut up." There is an outstanding difference between the home and professional approach.

The patient senses from the first that in the contacts and suggestions of the trained worker there will be no hint of the nagging which long ago turned resentment into intolerance. Most drinkers have adopted an ostrichlike attitude of defense to questioning and advice. They refuse to see what they do not want to accept. The experienced teacher constantly keeps a finger on the patient's attitude-pulse, so to speak, and is quite too wise and tactful to insist upon personal confidences until acute self-defense has mingled with interest in the abstract principles related to his problem—until he trusts the therapist's wholesome sympathy. In all reconstructible cases, that intimate confer-

ence ultimately occurs in which the situation, unvarnished by pretense and unshielded by apprehension, admits an eye-to-eye approach.

Let us follow the questionnaire of the therapist as he leads toward the heart of the life-situation. Hours scattered over weeks may be required before reason replaces prejudice and he is ready for the pertinent query, *Are you satisfied with the past?* The answer is usually immature, often disheartening, indefinite, revealing, defensive. Only now and then is it direct and manly. Teacher and pupil must reason again and yet again. But one day the good and the unsatisfactory, the excuses and the alibis, the incriminations and the faults of others, are openly faced.

Less intricate but helpfully informing is the conference on *What to you are the pleasures of drinking?* Enjoyment is not so vivid under the cold light of retrospect. It is only when the patient can utilize a well-dealcoholized brain that one enters into that confusion of memories, that complexity of realization, of the previously unanalyzed question, *What does alcohol do to you?* We may find it well to leave this question with the patient for interim consideration, giving it to him typed at the end of a class period and asking that he give it twenty-four hours' thought before writing his recollections of the physical and mental sensations and effects, and that he with reasonable graphicness portray such of his alcoholized conduct as he can recall.

This plan naturally eases the facing of those memories so often humiliating or shameful. It may open the way to an unresented discussion of the stupidity, the

seriousness, the physical suffering and mental distress, the economic waste, and the lowering of prestige that a debauch brings. In the past all he could do was brazenly laugh it off, or shamefacedly slink past appraising eyes, or recklessly don't-care-a-damn sell himself down the river of another spree.

In all his efforts the psychotherapist earnestly avoids the dramatic appeal. Let us not forget that we are treating the entire personality and that usually the individual is an emotional underling—his drinking a roadside weed of emotional thinking. His mental garden has never been turned over to the care of Reason. Affect-benefits are not to be foresworn, but the sentimental must not take the place of the logical and the realistic; in spite of this principle, however, we must utilize the material before us. Still the psychotherapist much prefers that a conference not end with any form of heart-appeal. A more sobering thought should close this study period, for instance, *What problem did you ever solve by getting drunk?*

Now we are thinking again. We are doing some personal bookkeeping, and as we cast up accounts it is not unusual to find that this has been a helpful session. Again, self-revelation may be constructively stimulated. The total value of past experiences is entered into, balancing satisfaction with regret, pleasure with penalty, good fellowship with social ostracism. Responses to the deep-searching interrogation, *Why have you needed a periodic drug such as alcohol?* are only superficially logical.

"I had to make the grade and was anxious about my position."

"I reached home in the evening irritable, critical, edgy."

"I felt I couldn't hold a candle to some of the other easy drinkers—those boys who take or leave it, as they will; and whose good fellowship made them popular where I could only feel second-rate."

A score of reasons, each indicates some need for self-understanding, for personality-development, for a restoration of physical vigor, for the elimination of autotoxicity, for just such a postgradute course as the patient is now receiving, to stimulate that further growth which pausing for some reason left an unfinished man.

In no case should the analysis fail to consider the possibility that this person's alcoholism may not be purely the result of moral turpitude or viciousness. On the other hand, through daily seeking for some qualities available for self-help, the hidden cause for the patient's surrender may at last be uncovered. Occasionally it is revealed that between sprees there have passed patiently-borne weeks of physical and emotional discomfort. Full credit is ever to be encouragingly expressed when it is discovered that sobriety has been maintained at the cost of consistent effort. The capacity to resist for a time is a valuable basic asset for future rebuilding.

Other drinkers insist that their drinking has been inevitable; that some force greater than they has wrenched them asunder; that some mysterious influence has repeatedly cracked down upon them; and that there is nothing to be done about it. No alcoholic's problem is mysterious or beyond benefit until he is

enchained by dementia. The wisdom of experience, the knowledge of the mind normal and unhinged, the recognition of the blind spot in the alcoholic's capacity for perception, the patience to wait for that slow biochemical restoration which will tincture the days with a sense of rejuvenation,—all should enter the background of the psychotherapist's workroom.

Evolving a Capacity for Teamwork.—There is probably no more crippling deception resulting from alcohol's abuse than that which persuades a man to believe that he uses it for his good. This intellectual perversion has its roots in any failure of judgment-development which allows the present to obscure the future. Maturity in years dawns upon the lives of unfortunate thousands who still lack flexibility in adjustment-capacity. The most common reason for alcoholic misuse is to avoid the give and take of the difficult, despite the knowledge that no attribute of manhood has been more universally respected through the ages than his resourcefulness in facing the well-nigh insurmountable on his own. Again, we note that one of mankind's most outstanding glories is his ability to adjust and yet adjust. The link between his adaptation to external affairs and his harmony with himself is precariously close. Indubitably, falsification of external relations calls for compromise with self that one's accounts may present the semblance of balance.

The ability to work with, to find accord with, others, to accept the job at hand, is to evolve the capacity for harmonious living—a rather rare modern accomplishment. It is based on a sound philosophy of life. We find this attainment of unity closely knit with that

element which we have noted from our early pages as so outstanding in the alcoholic's problem—emotional comfort. Our attention has been previously drawn to the psychiatrist's dissatisfaction with the average child's advantages in developing a healthful, balanced feeling-life. This raises a most natural question, What is to be done about it?

Wishing for peace and serenity is an empty gesture; determining that you will be calm and controlled usually helps, but fails; imitating the reaction of some superior soul whom you admire only pastes on a veneer. Emotional training cannot be attained through self-compulsion. No one can dependably start the day vowing that he will feel and express nothing but satisfaction in every contact. It succeeds no further than the assumption of a shallow pretense. The use of the will must in this greatly desired accomplishment be wedded to knowledge and reason; for while one cannot successfully elect how he will feel, we all can decide what we shall do. The satisfaction and good will which we have been seeking as the end-product of accomplishment eventually appears as only a by-product of the doing. This is internal teamwork.

Be immersed in your job, be it ever so simple; in your contacts, be they ever so uninspiring; and you will earn the wholesome benefits of group work, of serving under direction. In carrying out the details of some project, mind and muscles work in harmony with the group; you learn to adjust to self, to the job, to the other fellow. Here is the soil for harmony built into your own accomplishment, not the frowsy magic of dope! This learned, drafts upon the new blue print

of future conduct a cornerstone—a philosophic attainment which, when incorporated into the character you are now reasonably idealizing, will stand firm in the face of much future stress and pressure. Let us express it in the axiom, "My attitude is more vital to me than any situation."

Test this in the half-dozen certainties you are now facing or will face. You are undergoing treatment for a defect indicating either training-inadequacy or a self-acquired deficiency. In the book of life's affairs you are registered today as an alcoholic of some type. That situation is humiliating. Still your own attitude can go further than any other single influence either to modify or aggravate your status. An attitude of uncaring indifference, weak humiliation, or brazen resistance—each but contributes unworthiness to the misfortune. You can rise above the situation by manifesting and expressing gratitude to those who thoughtfully planned special help for you, to those who are devoted to your well-being, and who through all have stood at your side striving for your larger benefit. To find in the progress and accomplishments of the past weeks a wholesome pride in well-doing and to honor yourself with a determination that so much of good—the inherent good of self, the evolving good of the scientific approach, the heartsome good of those consecrated to your betterment—is mature manliness. How remote, indeed, may the two expressions of attitude be as differing personalities face similar situations.

In the midst of the much we put forward concerning the pathologic alcoholic, let us not forget that our drinker may be psychobiologically allergic and not in

any sense an unmanly weakling. An inherited deficient blood-brain-barrier will cause such drinkers to lose self-directorship as completely following the first cocktail as the adolescent tiger after his first taste of warm blood. Ideals, standards, the desire, and all efforts to avoid the sudden slavery are blacked out. Hours or days later because of the revulsion of saturation they can drink no more and come to themselves. Then their remorse may be as genuine, as untouched with pretense, as humiliating, as that possible to the benign, social drinker. The only way the psychobiologic who is allergic to alcohol can be protected is by pushing back his lines of defense so as to shield his central nervous system from the cloying toxins of food, smoke, and drink comforters, used with impunity by the average man. The allergic must undergo a year or more of uncompromising biochemical restoration. The psychic element is often a much simpler problem than with the emotionally deficient alcoholic.

At the next table in a public dining room this morning, surrounded by several score strangers, an anemic, neurotic, tense-eyed young mother paused, weakly hesitant in her table choice, as she led her sallow, ill-fed, mewling, early toxic two-year-old to his breakfast. In direct line of vision I would have been sluggish indeed if my attention had not soon focussed upon this modern mother's mechanism of training her child. Covering an observation of three minutes, the following technique proclaimed her unpreparedness.

Three times the mother rose from her seat: first, to pick up and readjust the napkin Buddy had dropped; a moment later to remove both napkin and his abbreviated sweater; the third time, to change his seat from an ordinary to a child's chair. Interspersed with these major contacts were thirteen interferences with, or attempted assistances to, her son's eating

procedure. She pulled the glass of orange juice from his lips. I wondered why. With already serene indifference to any sort of service, Buddy merely turned his head away from his mother and drained the glass. The plate of cereal was then moved toward him. He pushed it away and grabbed the slice of creamed chipped beef on toast. This act was swiftly combatted, but his other hand got in a good mouthful with such celerity that Buddy choked, and mother checked a three-inch string of the sliced meat in its gulpish trip down into son's somewhere. Then both his hands had to be wiped, the water tumbler used as a finger bowl.

Indifferent to interferences, he got the milk glass with one hand and swigged lustily. Meanwhile, his clothing at the neck had been unfastened: first motion, one button; second attempt, two; final assault, three. His waist was then smoothed and such of the breakfast as had missed fire brushed from his lap on to the floor. Then one sleeve was pulled down, later the other, and (the Lord only knows why) his left stocking was pulled up and the garter shortened a bit. He had pounded his glass for more orange juice, which a waiter promptly produced. Buddy gave no person any mind. He simply grabbed the glass and gulped.

The two years' pattern of erratic, wasteful attention has already been written deep in all this boy's reactions. Complete disregard for the simplest of table behavior and flagrant ignoring of all attention—not even a glance of thanks—stamp him as an infant boor. This cross section of Buddy's training shows a glimpse of an ominous handicap. With such training—and the surroundings were much better than middle class, a resort town crowd—what can the future hold with the formative habit-backgrounds of such mother-care? Where will this youth ever learn anything of the essential principles of life's give and take when his first and only reaction is grab and take? Here is a child

see no better plan for the political future of mankind than democracy's self-controlled, delegated government.

All of which seems quite far afield, but I have long seen in the power of alcohol a close similarity to autocracy: it works too well. No words of the spell-binder can equal the certainty with which it enfolds its victim for the hour, for the days of the spree, or those helpless ones whom it binds to its feet for life. In a lapse to normalcy the besotted one discovers that its breath is putrid, its arms slimy, and its mien demon-hypnotic; that he is smothered to a breast in which no heart ever pulsed; still he struggles in vain, this ensnared dementing wreck in whose life alcohol has displayed the fulness of its efficiency.

The power to choose for good or ill! Now, the psychotherapist often mines into hidden galleries as he follows leads which grow out of the daily conferences, hoping always to reveal the patient's unused better self —his best asset in building a new future. That future may be simple and undramatic, dull and lacking in vividness, but if it be the true heart of self, the living of this his own life leads to no morass. Your good! How vitally superior it will prove to any bottled pretense. None of the teacher's work in the department of personality-reconstruction is more inspiriting than the opportunity to open to his student personal potentialities which have heretofore been unthought or neglected. This is a preëminent benefit of psychotherapeutic synthesis.

A very wise man will some day write a chapter which will grip the sensibilities of his generation cogently,

irresistibly, inspiringly. His theme will be *respect of temperance.* Tomes unread devoted to human betterment turn musty on the shelves. Pages of this book will be skipped by many, for the average man is tired reading the arguments against intemperance since the generations which have discussed the evils of alcohol have failed to inhibit drinking. Respect for temperance falls into a distinctively different category. Instead of reiteration of the negative "Thou shalt not," it enlists the energies of those who possess it through a positive appeal. "I shall live sanely" will be another generation's replacement of past negation.

The day approaches when the psychiatrist will understand completely the relations between alcohol and the brain. Then he will by tests as sure as those which today disclose one's susceptibility to scarlet fever, indicate the alcoholic allergic. Should our barrier theory be demonstrated, many will ultimately be designated as psychologically susceptible to alcohol. Then some state-wide safeguard will be planned to protect pathologic alcoholics from becoming homicidal motorists, home wreckers, economic disrupters, political anarchists, third and fourth class citizens. Some such self-protection the state must provide. Psychiatry has been unfortunately tardy in its helpful study and promulgation of the essential truths of *What Price Alcohol?*

Temperance education must be temperately taught as one of the first principles of general hygiene, as one of the most vital principles of mental hygiene—this for the many who need protective guidance. But one day some great man will emblazon a chapter on the sanity, superiority, and manliness which is expressed in

total abstinence that will be the *Magna Carta* of a new civilization.

Through these chapters the iteration has appeared that normal life is temperate not alone in drink. We would leave our subject with the final thought that the maturity we have envisioned from so many angles reveals its most adequate manifestation in the life of temperance. This is illustrated in that wisdom and moderation which promises the avoidance of artery hardening and the tensions associated with emotional extremes. The live and let live of the life of give and take, the balancing of work and recreation, the protection of the body from corroding, self-created toxins, will guarantee the mind against equally corroding, sympathy-chilling antagonisms. Masterful abstinence is constructive temperance.

Chapter XX

THE GIST OF THE MATTER

Why Alcohol?—That he who runs may read, we hope to compress into a few pages the essence of the preceding nineteen chapters.

The measure of a man stands forth in his adequacy to meet the test of life. The law of life is strife. The ages through which man groped and dodged the mysterious of nature and built into fantasy the unknown within him remain uncounted. Possessing less instinctive protection than the average animal, knowledge came slowly through trial and error. Merely to maintain existence stood for conflict. Evolution paused and civilization tarried hopelessly through the inability of his immature mind to recognize reality. Thus fear became man's chiefest protection, and was so deeply ground into his soul that it has remained a subtracting handicap long beyond its need. Largely because of fear's dwarfing presence we have written these pages.

The dawn of civilization was made more lurid by the discovery of alcohol and the fateful realization that its use temporarily, at least, painted out the shadows of fear and anxiety. Centuries now piled up during which the individual-superior exploited his kind as master over slave. Drink both lessened the cry for food and helped maintain servility. Alcohol as a semi-

narcotic for the serf, as a care-dispeller for the overwrought—through how many thousands of years has it been tainting humanity?

Dependable knowledge emerged quite too slowly, but with it also came power. Man's unique superiority rested in the gradual development of brain-material in excess of that requisite to maintain animal existence. With a few additional ounces of gray matter organized to permit multiplied associations to become the seat of reason and judgment, human knowledge increased; and with it the speed of evolution quickened, and civilization spread apace. With this responsibilities grew, intensities multiplied, and competition became universal. Protective fear is essential to safety, but with modern life its need receded rapidly; however, anxieties, insecurities, sense of inferiorities, dread of failure, the burden of remorse, a score of restraining expressions of fear have evolved. All of these alcohol will temporarily modify or displace by joyous glamour. Humanity's dependence upon this drug in its manyscore forms has become mankind's major handicap.

Modern Tension.—But we write of today, and who will question the universality of intensity as associated with modern requirements? Existing ages prior to reason, man's emotions are more instinctive than thought or any activity of the intellect. We have just referred to the far-flung influence of fear which is but one of a score of instinctive expressions of one's desire to avoid or to have. Our emotional life is as close to us as breathing; and in infancy and childhood, indeed until maturity is attained, is as impelling as gravitation. Emotional expression is individualistic. Community

life could only develop through the merging of the individual with the group; this involves the submersion of personal desire into community welfare. Repression breeds tension; tension calls aloud for relaxation. The child can cry; the dominant can curse and blaspheme; the favored may break out into tantrums; anyone can get drunk. Even as drink dispels fear, it relieves intensity and relaxes tension.

Twentieth-century nerves are in the spotlight. Through the rapid diffusion of knowledge, individual power has multiplied. Personal temptation for self-expression has spread far and wide. The tension of restraint has intensified while the individual capacity to carry all this has not yet evolved for the majority. The technique of living has trailed far behind the demands of the day. Suddenly translated from the lowlands of muscular toil to the rarefied heights of brain activity, many find themselves in the midst of semi-chronic excitement. The emotional conditioning which so closely marks the transition from child to adult burden-bearing is almost universally untaught, with the result that the average person at forty is living with the emotional equipment of a youth of fourteen. The consequent emotional imbalance adds both intensity and insecurity, which turn all too easily to drugged surcease.

The quick pick-me-ups of sweets in childhood, the dependence of many youths on the influence of caffein in tea, coffee, and chocolate, reinforced today from puberty on by increasingly concentrated absorption of nicotin, early result in the acquiring of an hourly need for drugged foods. From these milder drug-helps it is

an easy step to light drinks, then to the essence of false help—hard liquor.

Oddly, this drug was long termed a stimulant. Its release of energy is never through any type of strength added. It removes the inhibitions of self-control and permits the momentum of the instincts to carry on. Alcohol merely releases the brakes. It is always a paralyzant, a narcotic, to the painfully acquired higher mental capacities still new in the evolution of mankind.

Today, the habit of some type of drug-assistance is threateningly prevalent. Still, even as in ancient days, it is not the reliance of those exceptional men who stand out in the superior leadership of their kind. We know that the individual secure in the integrity of a brain well cared for, in emotions balanced from youth up, and in a will so trained that it acts with automatic ease, is free from tensions. He never knows the depression of the anxieties of inadequacy. He is sure of himself and conscious of inherent worth. He lives and produces and rejoices, infinitely superior to drink and drugs.

Self and Reality.—Strenuous the days, unremitting the urge which beckoning opportunity inspires; but life demands relief from its very intensities—sleep, amusement, friendship, love, worship. The provisions are manifold. Many never learn their wise use. For an outstanding minority, reality—stark or strenuous—stands for eternal truth and is faced and utilized. For a larger minority, the starkness and strenuosity are not acceptable—are to be avoided if possible. A stoical, unimaginative mass of toilers not unlike the beast of the field—labor, eat, sleep, and beget. Another group float from the air castles of their daydreams; poetic,

esthetic they may be, still they face away from reality. We point with emphasis to another company who falsify reality through wish-thinking, close kin to self-deception. The goddess of both is alcohol which for the hour can satisfy every craving of the wish-life.

Childhood's days are wisely mingled with the make-believe. The little bark is not ready to withstand the billows and countercurrents of the high seas. Protection is offered from the stress which would result in wreckage. "Once upon a time" is king for the day of their childhood. But early the righteous distinction between the fairy tale and the responsibilities of mine and thine must be revealed. Later, "let us play" is gradually mingled with "let us do," else there is failure to found that self which welcomes as well the call of duty and the beckonings of pleasure; and the edifice of the future will rest on the sands which shift.

Scores of undeniable daily realities come to us all—our home responsibilities, personal denials and activities which underlie health-building. Worthy pride is added to each young life with the recognition that one's self possesses creative capacity. "Son, you do this well"; "Daughter, I am proud of the way you keep your room." So may realism early find grateful acceptance.

From such idealized normalcy we turn briefly to analyze insanity as being but an involuntary escape in which reality is displaced by phantasy. Certain writers would substitute *subconscious* for *involuntary*. What is alcoholism other than a voluntary, self-chosen escape from the realities of the hour into a temporary insanity? And is not the temptation to this escape but a natural growth from out that early training in which the wish-

life not only was allowed but in many homes hourly encouraged, and reality ignored, disparaged, or besnobbed out of the picture?

Early in the study of alcoholic damage we recognize that from the first those falsifying efforts look to the displacement of the real—the essentially true—by some type of wish-fulfillment, even by phantasy. Delightful these may early be, as horrible as Dante's inferno they may become. The first damage is not to the body, but every swallow of alcohol can only stand for a deliberate falsification of things as they are.

Reared for Work or Play.—The theory of the evil effects of alcohol on heredity faces divided camps. Heredity is wrapped, as we know, in the microscopic germ plasm of the male and female gonads. Essentially, this is living matter, and man's tissues exist only as nourishment is provided them. Nutrition is brought to body cells through the circulating fluids. For hours after its use small amounts of alcohol can be chemically detected in these fluids. Increasing amounts are present following larger or more protracted use because the body has no provision for storing alcohol. What is not oxidized and used for food and the small amount exhaled, remains in the system until excreted. We cannot see how the germ plasm can remain impervious to the effects of the alcohol present in its source of nutrition.

Neurotics, those who suffer an inadequacy of nervous reserve, are multiplying. It is an age in which existence depends upon central nervous capacity. Neuroticism is unquestionably passed down from parents to children, patterned closely on the Mendelian law, an inherited

trait. Our barrier theory assumes that in the neurotic the brain is either insufficiently nourished due to food chemical deficiencies or is inadequately protected against the presence of toxic material in the circulating fluids. A rise in temperature such as accompanies many infections tests one's nervous reserve. The stoical, phlegmatic, and all individuals with normal nervous reserve are dulled by fever; they go from sleep, to coma, even to death, without a struggle. But the neurotic child, indeed the neurotic adult, becomes restless and early delirious; the particularly susceptible child goes into convulsions with even moderate rise in temperature. We teach that the difference between these two types is entirely one of central nervous nutritional adequacy or of abnormal chemical conditions occurring in the blood and lymph during infections. What temperature does to your child reveals the degree of his inherited neuroticism.

As nervousness increases, the acuteness and intensity of emotional reactions are more manifest, and the over-emotional child will automatically be overprotected. Instead of having the benefit of wisely directed psychic hardening and the special qualities inherent in the neurotic's hypersusceptibility directed into efficiency and fine capacity for enjoyment, self is permitted to be regardlessly first, the rights of others ignored, and self egotistically projected into every sentence. An early seeking for satisfaction at any price occurs: "I must have something for my nerves"; "I can't start the day without two cups of strong coffee." The long list of drug-dependences points to the neurotic's peculiar susceptibility to seek drug-aid.

Desires are numerous and changing in these hypersensitive personalities; temptations are strong and restrictions are obnoxious. Self-control is particularly effortful. Not yet has this youth resisted the demands for self-expression and the temptation to inflame desire.

Few days pass from early adult life on when one is not forced to face the question, "Can you take it? Have you through heredity been nervously handicapped? Have you through training been denied the adjustment of the self you inherited to daily demands? Have you a college education perchance, still associated with kindergarten emotions? Have you been allowed, or have you allowed yourself, to turn away from the difficult through any type of drug-escape?" Insofar as any of this is true, one must rank himself as emotionally undeveloped and inherently an alcoholic risk.

The alcoholic is rarely a good citizen. There are exceptions, but it is not the rule. The hallmark of aristocracy is the capacity to make adjustments through the power innate in one's self.

Something for Nothing.—Animal life is maintained insofar as it follows the directional control of three inherited forces. In this writing we express these simply as the ego, sex, and gregarious urges. Again in simple explanation our description indicates the ego as all those influences which make for the maintenance of self—obtaining of food, escape from danger, and personal accumulation; the sex urge includes all those forces which activate family life; and the gregarious urge as those more far-reaching desires which impel the individual to unite with the community, as in the formation of flocks and shoals for the animals, the

village of the ants, and man's organization into companies, societies, and the gathering into cities and creating of nations. It stands forth clearly from this outline that there are three distinct orders of development —self, self merged into the family, and self and family becoming part of the community.

If man lived alone, he could give free rein to every impulse and desire; he would be a law unto himself, his actions circumscribed only by the limitations of nature. In forming a family for self-projection and the advantages of companionship, he must modify unbridled self-seeking. Group life more sharply cuts down his liberties. One cannot long successfully transgress the common rights of the community. So the law of the tribe is superior to the urge of the individual. Normal man has always been gregarious, and today we find but two groups who fail to maintain some degree of self-merging capacity: the insane and the drunken. Psychoanalysis has adopted and popularized the term *sublimation* (from the Latin *sublimo,* I rise) to signify the refinements through which man lifts his primal forces to utilitarian or Utopian levels.

But sublimation evidences a maturity which the alcoholic has not attained. How long would a community of drunkards survive? In these days of radicalism and dictatorship, the thought that in self-defense the earners may combine and set apart a state into which every problem-alcoholic will be transported; and the maintenance of their hospitals and insane asylums, their almshouses and their penitentiaries, be obtained from the income their state makes from the manufacture and sale of liquor, is fantastic, but . . .

Again, man's superb mental equipment carries with it an inherent right of self-satisfying self-expression. But in every land where modern life has entered, competition has risen by bounds. Undertrained, overprotected, food-drugged, with brains intoxicated from youth up, many fail to attain the rewards of merit, and suffer. What is there for them but to lurk in the shadows of the better prepared or accept the make-believe satisfactions of the alcoholic? Upon a lower level remain those others, many often more clever, yet possessing inferior standards, who insist that theirs is the right to demand and to expect something for nothing—the thief, the gambler, the parasite. Even so, followers of alcohol are not aware that they look to it for unearned satisfactions.

As we note the types who live on, side-stepping maturity, we recall those who maintain a shell of self-respect as through rationalization they build up a false front of self-justification. All blame rests upon others. No fault, even crime, but was indirectly at least another's responsibility. Alcohol is king in the land of alibi. His dupes disregard consequences. The rights, the lives, the sanctity, of others are recklessly ignored. Even in the face of tragedy, their false god glosses over the most dastardly of alcoholized responsibilities.

One's Response to the Difficult.—Sooner or later into every life comes a situation in which one finds himself thrown on his own resources, self being for the time his sole dependence. The unexpected occurs. Difficulty intrudes. How does he meet this sudden responsibility?

We turn back a few pages in this one's life and find

ourselves facing the quality of the child's emotional training. The situation is uncomfortable. What will be the untrained reaction? Feeling will probably take command. A score of juvenile responses may be the answer, for early patterns do not change automatically. Irritably, explosively, resentfully, he reacts with the utter selfishness of self-pity. Or he goes into a panic of alarm or a welter of confusion. The hour of stress may mark an hour of mental chaos. Poise of purpose, comfort of confidence, serenity of strength, are adult assets. Do we not sense the hasty turning of the emotionally inferior to situation-camouflaging potions? Are lives not catastrophic when the libation is ever to Bacchus rather than to a more worthy god? In the measure of manhood, drink can only give the stature of a dwarf.

A night or so since, two blocks from where I write in this gladsome city of winter sunshine, a fifteen-year-old boy, an only son, was returning home thrilling in the fulness of life and youth. A party of four had motored up from a neighboring town, had stopped, had a drink around, and bought a pint. They, too, were gay as they turned homeward. The street was well lighted. The boy was three feet from the curb. There was no other traffic. His companion shouted in warning. A crash, and he was dragged near two hundred feet—a wreck of a boy and his skooter. The traffic officer testified: "I was near by when the car stopped. The driver got out, and before making a move to help, went into his pockets for a cigarette, then for matches, and lit up. I knew then it was whiskey. Whiskey was on the breath of all of them." This man and his friends disclaimed more than two regular drinks. Even so,

the measure of the man shrank in the eyes of the law into the stature of a criminal when he did not lift a finger to do anything till he got his cigarette.

In difficulties large and small do we turn to the alcoholic for help? Has he not built up a defense against aught that is distressing through actual avoidance or the camouflage of intoxication? The measure of a man is never certainly taken until we meet him facing failure with the best of him; not with the maudlin smirk of fumbling half-realization but seriously, accurately counting the loss, estimating the value of residues, and constructively planning a way out.

Others who have allowed themselves to accept for theirs the level of demanding all and giving nothing, those in whom the ego urge has never been so sublimated that they freely share with another, who possess no willingness for compromise, measure poorly in the presence of modern manhood. Shrinkage it must be, and what is there for them but such solace as may be in the subtle caress of alcohol's reassuring, "You were right."

It is increasingly clear that the unmitigated fault of the drinker is his acceptance of a part as controlling the whole. And what an unworthy part it soon becomes since without fail the shallow counsels of alcohol will ultimately prevail.

We used the term *psychic hardening*. Literally, it is a bit meaningless. Suggestively, it stands for a growing need in these days when self-justification is becoming a necessity to the peace of mind of those who desire unearned superiority. We have noted the overprotection of the neurotic. Hypersensitiveness is being bred

not only in homes of affluence but wherever mothers will slave and fathers sacrifice to protect their children from character-constructive effort. In addition to being babied in the home, the hypersensitive flourishes under such religious teaching as insists that all pain and suffering are error; are multiplied by the tablet-for-every-pain type of doctor, and intensified by the "Let me rub you until you are relaxed and sit beside you and hold your hand until you are asleep" type of nurse. Profiting through professional contributions to self-satisfying invalidism is a near-racket today. Hypersensitiveness flowers apace in all the artificialities which demand comfort at any price.

"Now save yourself, mother."

"Don't get too tired, sonny."

"You must have a rest treatment, madam."

"If you don't relax, something will happen."

So warning voices woo the thousands who can afford to foot the bill. Nature's outstanding recreator is helpful fatigue. Unless the doctor can point to a threatening organic disqualification, that day is wasted in which there is no health-reserve banking. Physical weariness must be earned through exercise until breathing is deep and the heart thumps its applause. For the less fit the daily-dozen must be more deliberate. The ebb and flow of activity is as essential to vitality-reserve as is proper food and drink. Ten years of physical sane living will extend our margins of comfort until ordinary draughts, seasonable changes of temperature, the extra mile, the unexpected hours of effort, the mild infection, pass unnoted. Nor will they engender either a stream of complaints or call for artificial pick-me-ups.

The art of comfortable living is not attained until one lays up an accumulation of nervous reserve. This, even the hereditary neurotic may do who remains faithful to the principles of psychic hardening.

Techniques of Escape.—Which is more important, self or the situation? How wide a gamut of comparison this presents! We expect the two-year-old child to consider every occurrence from but the one angle, self. We anticipate that by midlife the value of one's desires and opinions as related to a given situation is reasonably balanced; that in later life self-interest recedes, and in the fulness of experience the important and the valuable of the situation stand to the fore. But until this evaluation takes place, the life of today offers multiplied temptations to escape, to throw off the denials of restraint. And the individual's personality stands outlined as he faces an unwelcome demand grouchily, evasively, with frothy optimism, or in sincerity. To develop loophole-seeking habits, and drink is the commonest of these, is the technique of hundreds. "One has to look out for himself" brands another type. Some abjectly surrender in the face of objectionable requirements—are common quitters. Semifalsification is the technique of the sidestepper—and alcohol handles the truth crookedly.

Many good people will be startled when we say that some use their religion as an escape from duty. It is a thousand times easier to wrestle with the Lord in prayer that He succor the sick and care for the poor; much ground can be covered in short order as one includes in petition all those who stand in need. Compared with filling one basket with groceries, another

with soap, towels, and linen, and spending an hour in the house of poverty and sickness as a ministering angel, a season of fervent prayer represents both physical and spiritual economy. I believe we should use the term religiosity at this point.

Whatever and wherever the duty which one resents, its grip upon conscience relaxes and its stern face apparently approves as one turns away, self-blandished by drink. Let the selective action of alcohol upon one's self-critical faculties be ever kept in the forefront of our valuation of its potent influence upon human lives. An accusing conscience, remorse, humiliating memories, pledges made and responsibilities accepted, are magically converted from constructive anxieties into chaff that goes with the wind as Mephisto smiles across the brimming glass.

Our interest in this study turns to those in whose lives the flight from responsibility has become a deviating one. We sense the modern demand for bettering standards and the multiplication of demands to be met if any type of success be attained. Today, the masses instead of the classes are straining to reach higher levels of individual worth. Many of these are unprepared to face failures and to convert them into building material for future successes. And steadily the number is augmented who are utilizing drink as the retreat from the consciousness of their incompetence, from the resentment of their failure. Alcoholic machination achieves its own when one arouses from the false security of his drug-hypnotized self, and the relentless realization flows in that he has slid from better to worse. Now there is more from which to

escape, and again alcohol beckons. Seduced from industry, efficiency, reliability, economy, virtue—such is alcohol's final triumph.

Dwarfed Self-criticism.—In attempting to analyze the procession of the alcoholically damaged as they pass by, one becomes thoughtful. Our work has been almost confined to those who have received the "best advantages"—children of wealth, sons and daughters of college professors who were reared upon university campuses. Have American successes, as Europe has so long insinuated, fallen into the laps of the mediocre? Is there an element which stood out in the aristocracy of the centuries and created such ideals as *noblesse oblige* which never departed from pride of blood? Is it the absence of this element which explains the futility of the training of much of our youth today? No understanding of the alcoholic is adequate which does not take full cognizance of the common failure of homes to develop in children the aristocrat's capacity for self-criticism. Is it the parents' lack of self-confidence in their ability to direct, absence of pride in their own culture, and shallowness of their own standards which makes it possible for children to spend years associated with parents and elders, resenting their advice, counsel, directorship, and correction? Their undeveloped capacity to take correction even when it is deserved, their resentment of criticism from others, their failure to sense their own defects and search out their own weaknesses, and to face resolutely their own mistakes advertises mediocrity.

We find in our case-histories numerous examples of young men leaving home for college and meeting for

the first time directional correction—meeting with, but refusing to face it. The young wife and husband who in home surroundings knew no criticism except angry outbursts of ire which were rightly rejected, step from the marriage altar into the new home—two hearts that perhaps beat as one but two minds with wills diverse. Or the shock may come when the young person takes his first position. Business is rarely sentimental, and the first time his senior bawls out, "Kid, are you just a fool for lack of sense?" something seethes within.

The society of alcoholic good fellowship is uncritical. And to this company the young student, the resentful husband, and the outraged clerk may for the time laugh the whole thing off and continue to forget that they are on the defensive. But the laugh is short-lived and the morning after, the picture is clouded in regret or remorse. However, in the face of the next irritation cheap pride is again ascendent and a vicious circle is ultimately created. Alcohol's pay-off becomes evident. The sensitive youth who left the home of less than middle-class training becomes hypersensitive, then suspiciously ascribes criticism where none was intended. The reasons for escape seem to him to multiply.

Is it not significant that self-criticism is with equal certainty lost in both insanity and drunkenness? Truly, a smoke screen trails this potent poisoner of the brain. Very early it creates a psychologic blind spot. As it develops the fine art of self-deception it entrenches itself behind a frequently created conviction that it is a point of honor to continue drinking. The victim insists that to stop will be to concede that he has been in the wrong; that it is an outspoken confession of weak-

ness; that in so doing he turns against those friends of many a questionable night out whose escapades have bound them in a brotherhood. A smoke screen, indeed, which so muddles the logic of the situation that a drink becomes the answer to a score of diverse, even antipodal situations: beer for the hot day, a hot toddy when it is cold, champagne to celebrate the wedding, whiskey to meet the shock of death, a bottle in thought of success, more bottles in the grip of failure, alcohol when one rejoices, alcohol when one would mourn. How clear the reason, the only reason, for each of these recourses: personal inadequacy to maintain a normal emotional balance without drug-help.

Does a drinker sense the larger self? Do the socially secure depend upon the artificial? Who is more safe than he who has attained that self-assurance which welcomes the critic's suggestion, who daily searches self not alone for finding fault but for balancing the fault with worth? No one is more emotionally normal than he whose self-critical faculties function smoothly. Has it not been well said that the soul of man is the attribute of sane self-criticism? To that soul, alcohol has ever been an archenemy.

Alcohol and Body Chemistry.—Much of the intensive anti-alcoholic propaganda of the past has been misleading and unwise. One will not attempt to decry the unselfishness or the nobility of self-sacrifice which has been practised by the advocates of temperance. Still much falsification has entered into the lurid extremes of condemnation with which every aspect of drink and its effects have been attacked. Often these extremes have been based on even less than half-truths

which unwise zeal exaggerated. Respect for the whole temperance movement has lessened since the findings of science have disproven many of its claims and stamped them as anti-alcoholic propaganda.

We would soften these aspersions decidedly as we state that the temperance literature of the past quoted the "opinions" of many medical authorities. In my own college work I listened to our professor of pathology at a post mortem where he discovered a "hobnail" liver, deliver a forty-minute discourse on the relation of that organ to whiskey. For years I took it for granted that cirrhosis of the liver and "whiskey" liver were identical. Really, until the last decade doctors knew no better. Nerve specialists for years have had no other thought than that incapacitating polyneuritis was caused by alcoholism. We now know that both of these disorders—one fatal and the other helplessly prostrating for the time—as well as arteriosclerosis and many cases of Bright's disease, result from food-intemperance or food-chemical discrepancy. A polyneuritic as treated a few years ago was deprived absolutely of any alcohol; yet he usually spent a half-year in slowly recovering. Today, with proper food containing adequate vitamin B, even while drinking his usual amount, the neuritis disappears in a few weeks.

So fuller knowledge is correcting much misleading teaching. I was also taught that alcohol could in no sense be considered a food, but was invariably a poison. This is a fallacy. It is a carbohydrate similar to the starches and sugars; indeed it is the most rapidly absorbed and quickly available food taken by mouth. If given reasonably concentrated on an empty stomach, it

can be detected in the blood within five minutes. As rapidly it relieves the system's need for glucose. One-third ounce per hour can be utilized as food. Thus we understand its occasional usefulness in emergencies. Here its value rather abruptly ends, for unlike the other carbohydrates no excess can be stored for future use; and only 2 per cent of any excess not metabolized is removed by kidneys and breath. It circulates as alcohol in the body fluids. Thus coming in contact with all tissue and possessing a damaging affinity for the protoplasm which is the basis of the life of tissue cells, unused alcohol at once becomes an irritating menace to cell health. No tissues are more poorly protected from irritants circulating in the fluids that supply their nourishment than the cells of the brain, and we shall see that the brief we hold against the use of alcohol is its selective damage to the brain, hence to conduct.

Satisfying promptly as it does one's sense of hunger, the drinker's tendency is to undereat. Here alcohol begins its damage, for while it satisfies hunger it provides none of the elements which will replace tissue and is utterly lacking in chemicals needed for many intricate biochemical activities. From the hour one depends upon alcohol as a food, he is starving himself.

It might seem that we are writing in defense of this drug as we refer to the numerous misleading teachings of the past. But when we do turn to the known physical damage which results from its use, we find that there is a wealth of literature authenticated by up-to-the-minute laboratory experiments and an endless list of clinical pictures and autopsy findings, all pointing an accusing finger to the harmful effects of alcohol upon animal

tissues and organs. Also, there are irrefutable data regarding its hurt in reducing the normal defenses and in increasing the body's susceptibility to numerous diseases, and statistics reveal a definite shortening of life where its daily use allows a continuous admixture of unmetabolized alcohol in the circulating fluids. A striking physical evidence of its lethal potency is shown in those instances where infants have died of acute alcoholism from nursing drunken mothers.

As a psychiatrist who studies human conduct, my interest must be quite diverse from that of the internist and other specialists whose problems are complicated by alcohol's effects on the various organs in which they are interested. To the psychiatrist all physical complications are secondary to that damage threatening the brain of every unwise user of alcohol. This damage is evidenced in its almost universal effect on conduct, running the gamut from an unnatural silly leer to the murderous insanity of *mania à potu.* We find every part of the brain susceptible. Its fluids once invaded, its self-protective capacity is practically nil. Fifteen-hundredths of 1 per cent in the blood stream produces mild but obvious intoxication in the average person; two-tenths of 1 per cent, and he is definitely drunk; three-tenths of 1 per cent, and he is in alcoholic coma with death impending. Such is this organ's susceptibility.

We have seen that alcohol is the most rapidly acting carbohydrate. There is a peculiar relation between the sense of alcoholic need and a low blood-sugar curve. The neurotic as a rule suffers carbohydrate-hunger. The question may be raised as to the relationship of

his neuroticism—his lack of nervous reserve—and the capacity of his central nervous system to metabolize the blood sugar. Here we must note the peculiar metabolic relationship between the neurotic and the alcoholic in their mutual craving for carbohydrates and the temptation to find relief in the promptly satisfying action of alcohol.

As we go more intimately into the internal chemistry of life, we shall recognize more fully the rationale of the statement that alcohol creates a biochemical vicious circle by quickly satisfying energy-crave while nullifying the normal hunger for a rounded diet; thus it denies the body chemical elements essential for the maintenance of its intricate laboratory activities. The lack of these normal foods results in cravings which are temporarily appeased by drink—a vicious circle which if continued allows one to be starved by a drug into incapacitating or fatal illness.

Biochemistry and the Mind.—We have reached deep into twentieth-century scientific facts; yet we must still depend upon half-knowledge as we theorize upon many intricacies of our human laboratory and its activities. Into the external secretions of tears, sweat, saliva, and the grosser products of liver, stomach, pancreas, we have searched far. But of the so-called internal secretions—the endocrines—we stand in the anteroom and wait. To many of us the term *hormone* is of recent knowing. It refers to the exciting elements in the secretions of the endocrine glands—as the adrenals, thyroid, the master pituitary, and the gonads or sex glands are called and which combined, equal less than a handful in bulk.

Within the power of the products of these small bodies, stature, physiognomy, racial characteristics, sex, and the completeness or emptiness of health—indeed the richness or poverty of life itself—abide. Theoretically, fourteen hundred or more highly intricate and potent chemicals may be produced by the individual from combinations of his endocrines, each one playing some part in the balance of normal living.

Our knowledge of the chemistry of health is much more definite as it is influenced by vitamins—chemicals contained in living tissues, animal or vegetable, which have been found health-essentials as food elements. The human laboratory fails when given only inorganic materials from which to support its activities. Animal life demands the food produced by other life, and such are the vitamins.

We consider another intricacy as we peep into the mysteries of how the mind acts. The physical unit of the brain is the neuron, a microscopic cell. These cells are often spider-shaped with a number of processes called dendrons which associate neighboring collections of neurons. A distinctive process called the axone, a microscopic fiber of indefinite length, brings one neuron group into communication with remote cells or connections. The average brain possesses millions of cells bewilderingly interrelated by communicating fibers. As in a great city telephone exchange, connections are made or broken by switches; similar mechanisms in the brain are termed synapses. The simplest sensation translated into action, whether automatic or purposeful, is dependent upon the working together of several centers. Sensation, perception,

comparison, judgment, and commands to action all utilize the complex brain mechanisms of conduction and association. The possibilities of the mind are dependent upon an orderly multiplicity of these reactions. With the idiot the number of brain paths is limited, in a man of average intelligence they can be but estimated, and with the all-round genius such as a da Vinci the number of association paths is beyond belief.

In health the various associations which are necessary with habitual thought or overt conduct are made instantaneously and dependably. Damage to the brain instantly disturbs their microscopic activities—a concussion, and immediately all the conscious operations of the forebrain are in suspension. Fever interferes with the association paths. Toxins from within and poisons from without disturb brain function. The effect may be that of slowing up, such as interference with the opening and closing of the switches, which interrupts or sidetracks normal communication between various centers. This interference is called synapse dysfunction—vividly revealed in alcoholic intoxication which disturbs mental coördination. First, the higher ethical responses are dulled; then through succeeding levels the person descends to the animal instinctives; finally, complete paralysis of mental activities results.

Why is one man insanely intoxicated following the second ounce of whiskey and another can drink a half gallon and still remain on his feet? We answer only through theory, but for a generation we have based our treatment of mental and nervous disorders and habit addictions on the following admixture of fact and hypothesis.

The neurons receive their nutrition not from blood or lymph but through contact with a special secretion—the cerebrospinal fluid. Their nourishment is separated from the blood chiefly by the choroid plexus, and is filtered through the walls of the brain capillaries. This secreting and filtrating plant which separates the nutrition of nervous tissue from the general circulation is called the blood-brain-barrier.

The hereditary neurotic, let us say, possesses a less effective protective barrier than the normal person. His brain, therefore, is more frequently stimulated or irritated. His central nervous system is less perfectly shielded from toxins, infections, and adverse chemicals circulating in the blood. Defective capacity of the barrier to protect the brain from circulating irritants marks the difference between those who can drink with apparent impunity and those who early show the intoxicating influences of alcohol. Thus blood-brain-barrier integrity becomes an individual asset. This theory would explain the distinctions between the psychotic, the neurotic, the easily developed addict, and the mentally stable. So the relation between the neurotic and his apparent need for alcohol is suggested. It is clear that one's own body toxins or disordered hormones produce the chemical backgrounds for much insanity. Detrimental chemicals circulate from time to time in every one's blood stream, but a normal barrier protects the mental citadel from being influenced thereby. Thus we sketch the vital chemical relationship between life, health, and insanity.

There are three classes of poisons as related to the barrier which we group arbitrarily as: (*a*) the volatiles which penetrate all barriers as chloroform, ether,

alcohol, cocain, morphin, strychnin, and many of the type—their damage if not lethal, is passing; (*b*) the physiologic, such as the toxins of typhoid and other infections, the products of intestinal autotoxicity, and alterations in the acid-base balance of the cerebrospinal fluid—their influence upon the brain is much more prolonged, but mental recovery is the rule; (*c*) the anatomic group producing irreparable damage to nervous tissue—these are chiefly the products of virulent hormone discord.

From this point of view, humanity has haphazardly muddled through to the present day. Each race, indeed each tribe, had its runts, its defectives, its averages, and from out identical loins issued superb physical or mental specimens. Evidence also points to the occurrence of exceptional individuals in similar surroundings. These exceptions approximated the balancing of food and activity, of ingestion and oxidation, more perfectly than the average.

Most of us today are disturbing our biochemical harmony through unbalanced or unwise diet. The effects may be rapid. Within a generation, for instance, Japanese coming to our shores and having such food benefits as milk, fruits, vitaminized vegetables—unknown for generations in their homeland—have added an inch or more to the stunted stature of the average Japanese in Japan. But there is a semi-universality in hindrance to the development of chemical equipment and the maintenance of hormone harmony. Probably even in the face of betterment of food intelligence, we today do not find one adult out of ten who at forty knows and shows the fulness of health.

The dire process of deforming one's internal chem-

istry begins early. For ages honey was practically the only sweet available to mankind, and millions were born to die never having seen or tasted the delicacy. A quick energy-fuel was a universal need; and the crave for sweets is race-deep. For only three generations has sugar been generally available. Children instinctively love it, but use it too freely. The chemical balance of normal health is easily broken, and is often damaged before a child is ten. A toxic instability results which produces abnormal sensations in which are rooted unhappy moods, or emotional imbalance develops. Discomfort calls for relief, and relief is found in drugs. Abnormal sensation begs for artificial ministration. Alcohol fits into a basic toxic instability as a splint gives relief to the broken bone.

We are becoming allergic conscious. What is one man's meat is another's poison. Why allergic? Merely an unbalanced body-chemistry affecting the sympathetic nervous system. This is another penalty for our plethora of food, and ignorance or recklessness in its use. Biochemical robustness—a new term perchance—is possessed by the one who need give no thought to allergies.

Possibly we should explain this increasingly common evidence of defective central nervous barrier-protection a bit more fully. So we define allergy as a tendency to react in an abnormal way to substances (milk, cheese, eggs, coal smoke) which are innocuous to the normal person. There are those who are using the term allergic for the alcoholic to relieve him of his sense of inferiority in that he cannot drink as others do. The alcoholic, psychically allergic, is

usually the offspring of other alcoholics. He inherited a deficient barrier and it can be early recognized that his central nervous protection is inadequate to withstand alcohol's most damaging influence. Practically speaking, he is allergic.

It becomes apparent from the foregoing that the individual's reaction to alcohol is governed by three elements: first, his barrier as determined by heredity; second, his built-in reserve of nervous stability; and third, his biochemical status at the time of his drinking.

Alcohol and Reality.—The highest stratum of man's development is expressed in his ethical life—the relation of man to man. Outstanding in his history are a few who have lived on planes so above the accepted standards of their time that they have been worshipped as saints, even saviors, and through their teaching religions have been born with multiplied generations of followers. Millions unsung beyond their own communities have attained, too, and maintained rare ideals of selfless conduct. Throughout the ages there has been a gradual upward swing from savagery to civilization—a semi-universal acceptance of ethical ideals —until today the common welfare moves increasing numbers to share their earnings, to make disposition of their accumulations for the benefit of their kind. One pauses to ask what part of the untold millions earned through the manufacture and sale of alcoholic beverages has been so directed. Interesting.

We think of human ethics as the most painfully gained of all man's acquisitions. The standard of this triumph we find lowered with the first unmetabolized

swallow of alcohol. And as it releases one after another of higher, finer inhibitions, the nature of the uncontrolled man is bared. Trends covered through the years, probably unthought by their possessor, are now expressed. Boisterousness, silliness, inanity, and coarseness. Will there ever be a revealing assize with alcohol's contribution to man's elevation detailed in ordered column, against which is paralleled alcohol's contribution to his degeneration? What would the balance be? From sobriety to drunkenness—an unmasking revelation! True to itself are the ethical losses evinced by those who find difficulty in securing alcohol in the midst of their spree. Men of accepted reputation will lie, steal, consort with unmentionable characters; the standards accepted for womanhood go by the board to secure another drink.

In treatment, the psychiatrist is alert to two basic types as shown by drunkenness: one is illustrated by apprehensive, lachrymose, remorseful, prayerful, humiliated conduct—such usually respond most hopefully to treatment; the other group are more malignant in their reactions—belligerent, aggressive, assaultive, resentful, or paranoid is their outspoken conduct—and present a definitely psychotic picture with more serious prognosis.

Alcohol's most outstanding influence is to separate even the most developed and reliably steadfast from the saving reality of his belief, from the righteousness of his conduct, for ethical standards and unmetabolized drink are strangers. In philosophy, ethics stands exalted; in psychology, judgment ranks to the fore. Drink assails them both—man's constructive re-

lations with his kind and his valuation of truth. The psychiatrist whose ideal is the superb sanity of an undamaged mentality finds his bitterest resentment against alcohol in the unholy certainty with which it robs man of his crowning superiority.

The public shuns the insane who are often innocent victims of conditions for which they were not responsible, but the drunkard whose conduct is frequently much more abnormally unsocial is excused, his conduct condoned, and the results of the insanity which he has chosen to induce, almost universally mitigated. We illustrate this by one of today's most pregnant problems—the motorist and alcohol. Safe driving demands sobriety, keenness in judging changing distances and the speeds of oncoming cars. Finger-touch niceties convert these judgments into zones of safety through multiplied thousands of meetings and passings. A little alcohol, a lessened degree of refinement of coördination; more alcohol, and motor accidents multiply.

We write of the drunken body with smaller interest. There is a pathos in the habitués' defense of the helpless incoördinations of another reeling drunk. They would laugh it off. They would rank his actions with those of the clown and buffoon, or possibly chuckle at their own superior ability to carry their whiskey. But the drunk is not clownish unless the dragging and swaying and staggering of the paralytic are clownish. From manly to infantile levels, from fineness to lewdness—so alcohol separates man from the reality of his better self as it crumples the ethical, confuses the rational, and corrupts the physical. Again the

psychiatrist expresses his resentment in his indictment of alcohol's deceptive, inveterate, relentless seduction of minds from the integrity of their contacts with the saving sanctity of reality.

Immoral, Unmoral, or Drugged.—What price alcohol is in no wise sensed. Nor can it ever be reckoned until the great majority count that cost who today thoughtlessly or deliberately ignore its damage.

Viciousness and drink present a far-reaching relationship. The ethically and morally defective quickly lose such tenuous protection of restraint as fear or caution may have maintained in them when alcohol-free, and the law is ignored. Our courts have not awakened to their responsibility in protecting the defective from contact with drink through industrialized restraint combined with practical reëducative measures. Efforts are being made by intelligent jurists to meet this obligation. Probably even more vicious, however, is the deliberate use of liquor to break down moral resistance to crime, indeed to make wrong-doing alluring. As a single example we quote Dr. Forel, "In its most brutal and ignoble forms, prostitution would be impossible without it." [1]

The psychiatrist insists that this drug is mental normalcy's chiefest enemy, and his experience has been vivid, intimate, and disheartening in the presence of the hopelessness of the mental defective under its influence. With this group of the so-called foolish we class the idiot, imbecile, feebleminded. All of these

[1] *Ibid.,* Forel, *Die sexuelle Frage,* p. 316.

are outstandingly deficient in resistance to the unbuckling of restraint which is alcohol's prime efficiency. The handicapped grouped in these three classes are so early recognized that reasonable protection is afforded them, especially in more intelligent surroundings. But the highest bracket of the feebleminded—the moron—frequently gets by until some major infraction of the law puts him on the spot with the authorities. With all these, drink and wreckage often catastrophically go hand in hand.

During the early years of the historic American experiment, prohibition, reduction in crimes charged to alcohol reached a high level of 75 per cent in certain states. In addition, the Poor Man's Club, as the saloon was called, was practically eliminated. One of our country's near-majorities was liberated from graft and bondage. Labor, skilled and unskilled, turned from the Saturday-night-spree habit toward thrift, and savings accounts in our land multiplied as never before. Bootlegged whiskey, yes, but it was expensive. Running the blockade had its dangers and the rum-runner sold his contraband only at a worthy profit.

Social drinking had so long been associated with the saloon that it had not invaded the average home of wealth. Now this was changed. Drinking took on an aristocratic hue—to serve liquor put you in the smart class. In addition to the fun of cleverly hoodwinking the law, your filled decanter boosted your social prestige. Within a few years hard liquor, so long coupled with poverty and ignorance, announced itself society's own. No longer a social bastard, it

could be served in the executive mansion without apology.

Is there a significant relationship in the steady growth of labor's increased temperance and its growth of power in the economics of our land? Labor is no longer a semislave to drink, the chattel of capital. Have we reached a turning of the ways? Is alcohol to influence a new order of things? Capital, his wife and children have now accepted rum as their guest. Labor is teaching and living temperance. We hear of socialism, communism; and Capital dreads a political upheaval. So far as Capital is willing to consort with his new mistress, he is compounding one of those historic reversals which have changed governments.

Let us not forget that of the sons and daughters of American wealth—our so-called aristocracy, they of superior advantages and education—three out of every ten who accept daily drinking as a habit will become addicts. Let us face the uncompromising truth that 30 per cent of the flower of our land who are not practicing the teachings of temperance will in ten years be contributing to conduct-delinquencies, with a damaging influence to our social security untouched by the oldtime drunkards of poverty.

Women especially, when duped by alcohol, face their problem with, "Oh, doctor, everybody drinks!" A rationalized pretense of excuse.

Rather wide-eyed they may listen as he replies, "Madam, you refer to your group only."

Large and loudly self-advertised, we recognize! But in our land, thanks be, there is a quiet, self-respecting,

sanity-maintaining majority—the salt of the earth—who touch not, taste not, and handle not.

Who can forsee the results which are growing out of the Eighteenth Amendment which gave the purveyors of alcohol the opportunity that they so adroitly capitalized of stepping up their customers from the lowly to the well-to-do? Is the old axiom of three generations from the soil to the mansion and back to the soil to be emphasized in our land under alcohol's augmenting influence?

As we speak of those who reduce capacity and ability and dilute education and personal influence through the atrophying potency of alcohol, we must regretfully refer to the many physicians who, imbibing safely themselves, think nothing of prescribing a little Scotch for the appetite, a warm toddy for indigestion, or—more dangerous—hot whiskey for the monthly cramps of a neurotic woman, and a bedtime nightcap for sleeplessness. The list of entering patients who claim that their drunkenness was a personal contribution from their home physicians is disconcertingly long and humiliating to professional pride.

Since the repeal of prohibition the propaganda has swung strikingly from the anti- to the pro-alcohol camp and much wealth, heaps of it, is spent to neon-light the benefits, satisfactions, refinements, and niceties of the social glass. In the average screen production and on the stage, the characters who call for admiration and respect toss down their drinks like veterans. The heroine sips her champagne with sophisticated *éclat*. How rarely is the villain portrayed taking his liquor.

Only as drinking stands for the propriety, brilliance, and cleverness of superior characters, or drunken incoördination is made the butt of ridicule, is it publicized. So the screen is pro-alcoholic. But the most flagrant propaganda is spread before all eyes in our weekly and monthly magazines—double pages of color-advertising on extra heavy paper, depicting with every allurement of artistic production the qualities of bouquet and flavor, mellowness of age, special safety of being ripened in wood and blended with uniqueness of refinement. While in the text practically no story-page is innocent of matter-of-course turning to liquor by the finer characters for a boost to meet any situation which a real man would take in his stride.

Incidentally, my secretary carefully checked the allusions to alcohol carried in a single issue of a well-known magazine, and found scattered between advertisements and reading matter eighty-seven references to drink. All were half-truths insofar as not one presumed to call attention to the other end of the trail, to the logical conclusion of the drink-habit so remote from the genial, flushed face of mildly alcoholized maturity in the cocktail lounge. When will the anti-alcoholics as influencingly publicize the dregs of that sparkling glass—the realism of the refuse heaps where human wretchedness and guilt and shame and disease and poverty fester?

The Approach—Intolerant, Social, Scientific.—Two major camps have faced each other through many centuries—one for and the other against the use of alcohol. The pros and the antis—those stand-

ing for license and those fighting for temperance. Through scores of generations the arguments have been endless and the striving intense. But until quite recent years there was no beginning of understanding of the many truths hidden under the strange effects of the drug, and the wonder is that man has not been more universally captivated by it.

Between those two camps science now stands, avoiding no effort which will reveal every benefit as well as every damage which results from its use or abuse. Still the camps remain embattled. It may be interesting to analyze motives. On the one side are massed the many who still accept a scriptural injunction as speaking more of truth than all the principles and teachings of the hedonists. Much of the resentment and ridicule toward this attitude, however, must pale in the face of the unquestioned fact that the activities of the antis have ever looked toward human betterment. Theirs has been an unselfish, financially unprofitable crusade. Call them what you may, it is out of their ranks that recruits have gone down into the slums created by alcohol. Ignored, even spurned, by the purveyors of drink, they have been their helpless brothers' keepers insofar as possible.

The motives of the other side are avowedly personal rights—the individual right to untrammeled enjoyment. Behind this today are the financial profits of trade in alcohol, that hundredfold income. License to sell liquor carries with it a legalized immunity to undermine the sanity of men and women. The drinker is a good fellow while he spends; swift into the limbo of the human trash heap he goes when he is ruined.

Not for a moment would we intimate that these two groups represent the whole complement of the pro-alcoholics who probably number about 50 per cent of our population. Among these are splendid legal minds, families of historic prestige with names carved deep in the respect of the nation in financial and professional leadership.

It is good to note that the zealot on the subject is disappearing abashed before the jeers of educated youth. Changes, too, are to be found in the strategy of the advocates of alcohol who now appeal for the "temperate" use of their products. The future progress of temperance will come through an alliance of all scientific truth-seekers and in avoidance of future anti-alcoholic dramatics, with courses of mental hygiene arranged for all types of schools and state-sponsored anti-alcoholic publicity.

These are days when zest is at a premium. Eyes and ears of nations are alert, eager to be interested through news-print and broadcast. Youth is cited to take part in the unprecedented opportunities for advancement, for publicity, for notoriety, for easily attained success. And to add piquancy, to loose one's inhibitions in fluidity of thought and freedom of expression—aye, alcohol is a lubricant. Today, a hostess is unusual who has such confidence in her capacity to carry the evening's entertainment to gratifying heights that she dares attempt the occasion without artificial lubrication for her guests as well as herself. Alcohol is turned to as an answer to social insecurity.

You who are serious in your determination to reach the highest success compatible with your ability may

be able to say, "The situation is made easier for me with a dram. I never take it except when I want to appear my best. I never overstep. I have no hangover, and I do not believe that it has ever lowered my standards."

Fortunate man, you, one of the few. You stand within your rights. Your fine protective barrier evidences the temperance of your forbears. May it be that your children inherit as fine. But we have long refused to gloss the book of responsibility in any man's life who claims that he has drunk when and how he wished, and maintained a high mental capacity and a robust body through the scriptural threescore-and-ten.

The doctor nods, then speaks gravely, "But tell me of your children. Have your sons made good? Are your daughters as stable as you and their mother?" And we hear another story.

To the serious-minded enquirer the doctor will say two things. "To turn to drink is practically always the admission of a need. You either have ability, or you haven't. No drink ever concocted created courage, genius, or capacity which was not inherent in the individual. Its effect is to release some inhibitions. If you have ability, you can soon be taught a safer way of expressing that which you are than can be accomplished through alcohol. The psychologist's help will be as lasting as the bottle's is evanescent. In the second place, take this sane counsel to your understanding: that hour when you feel that drink is essential to you in meeting any difficulty, you stand before a warning signal so lurid that with your fine mind

you must sense that you face a danger zone. Then come for the help that will teach you to utilize that rich capacity which is yours, unnullified and undrugged."

Science has quietly recorded many thousands of data. Out of the physiologic laboratory have come the results of multiplied experiments compiling the influence of alcohol of different strengths upon life, from the simplest unicellular being through all types and forms of living matter. The records of the pathologist fill volumes, and you have been reading the reactions of a psychiatrist. From many angles different branches of research have studied the subject, and today they have little to say regarding the use of alcohol by living organisms which is in its favor.

Only now and then are these findings spread before the public, and then undramatically; but quite unheralded a new child was lately born into the family of Science. It was named Mental Hygiene and its duty is of singular import to the future of temperance, shall we say to the future of our race. Now a lusty youth, it is growing apace. Upon its sturdy young shoulders is laid the burden of saving human minds; and since 10 per cent of the serious insanities are directly traced to alcohol, Mental Hygiene will leave no facts unpublished, will miss no opportunity to publicize the truth, will go into the schools and colleges with the calm fearlessness of presenting saving realities, demonstrable truths, convincing statistics, with no shadow of exaggeration. Mental Hygiene will thus build in the minds of youth a defense against the weak brief of the pro-alcoholics and the enticing propaganda of one of the world's most profitable rackets.

Cases—Simple, Difficult, Incurable.—It is good to have written a hopeful approach to the treatment of alcoholism. Probably in the steady broadening of our science's understanding of what price alcohol this satisfaction of effort has evolved. Possible complexity of prognosis is simplified by the pragmatic outlook-classification that I have followed for many years as related to the patient's coöperation-reaction: the can helps, don't helps, and can't helps.

Of the first group are those who voluntarily enter upon their treatment; or if they have been brought to an institution drunk, when sobered, accept the plans of their families and coöperate from the start. With this can-group are also those who have made earnest efforts, who are still honest with themselves and with others. It includes those, too, who are not yet pathologically alcoholized, whose insight into the harm drink is doing them is still unimpaired. The treatment of all such cases is definitely hopeful.

Less promising but still of the benign type is the patient who has attained success, large or small, indicating capacity for accomplishment; who drank socially without any complications for years but who recently has found that the kick has gone. Not only does his favorite, but indeed any, alcoholic mixture fail to bring the old comfort. Without resort to increasing amounts of liquor, he feels apathetic, restless; a sense of apprehension haunts him. Drink has lost its every charm, and now it is not difficult to help him decide that continued indulgence invites disaster.

Patients of all these groups have been led to sobriety through a short period of hospitalization fol-

lowed by continued months of conference-contacts with an understanding psychiatrist or a consulting psychologist.

Of lesser promise, but still therapeutically hopeful are some regular periodics. The Saturday-night spreers of saloon days and other physically uncomfortable, autoinfected persons may respond quite satisfactorily to supporting advice following the beneficial removal of focal and autotoxic infections.

Of the don't-help, difficult alcoholic, we have written at length. He has probably been cheated in his preparation for life because of semi-ignorant home training. Somehow he has avoided year after year the constructive experiences essential to manhood's development. He is spoiled, unreliable, or the second or third generation of intemperate forbears. His protective brain-barrier is deficient and he is alcohol-allergic. He has been a problem for years—a problem to himself until he drowned his caring with drink, now a problem in his home, in the firm, in the community. A minimum of six months of unremitting reëducational opportunities should be arranged. Family and physician should assure themselves of mutual confidence, then work together as a welded unit.

No one realizes better than the psychiatrist that the patient's faults often but echo unorganized standards in his home surroundings. The percentage of patients originating in broken families is warningly significant. The plan for care is extensive and complex; it is all pointed toward creating the conviction in the mind of the drinker that for him it is abstinence forever.

He must admit, "I am one of those who can't take it." Here is his crossroad. Some sort of compromise causes numbers to stumble. Physical rejuvenation will do much, still a vital part rests in the leadership of the therapist who leaves nothing undone to readjust where maladjustments have been damaging.

We also place among this group of difficult patients, women alcoholics. Some authorities write that they offer simpler problems than the men. Unhappily, this has not been our experience. Sympathetic nervous ganglia are even less protected from alcoholized circulating fluids than the brain itself. The emotional life is closely related to the sympathetics. Women are more emotional than men, and the conduct-deterioration is appalling as alcoholic damage disfigures the innate emotional fineness of woman who seems to seek a deeper ditch in her drunken degradation than man can find.

The relation of alcohol to sexual life produces serious difficulties in many cases. Under drink, sex desire is unveiled, giving rise to the common opinion that alcohol is a sexual stimulant. But even as there is a lowering of the finer coördinations of restraint, there is a lessening in the male of the capacity for potency. More alcohol, increased desire but lessened ability. Due to this the drinking husband defends his potency and always blames the wife—she is unsympathetic or frigid. From this grows the frequent paranoid expression of sexual jealousy which may endanger the life of the wife or of the suspected co-respondent.

The most problematic of cure is the tragic dip-

somaniac who often plunges into a bestializing spree without previous sign, and drinks until his system can stomach no more.

These all exemplify patients who at the beginning don't help in their treatment, and who must have the advantage of months of protective, reconstructive guardianship.

Curative treatment is practically futile in the psychopathic inferior and the moron with whom we head our list of can't-helps. Most frankly psychopathic alcoholics—in schizophrenic and manic-depressive forms and especially the mental defective—are helpless in the grip of alcohol. We complete our list with the alcoholic dement whose slavery has long been complete. Custodial treatment with complete protection from drink, and of course the most modern care for the underlying mental illness, offer limited benefits.

We may have spoken too hopelessly of the psychopathic inferior. He is really an immature person who when understood and surrounded by the opportunities which befit his mental age, under a guardian who has full authority to fulfill every responsibility in his ward's protection, frequently will find satisfaction in simple accomplishments. So shielded, he may live indefinitely, harmless to himself and others, and comfortably find small but satisfying enthusiasms in his doing. Many of the complications of the incurable alcoholic will disappear under the beneficent discipline possible through the authority conferred by state commitment. Modernized custodial care of the incurable is society's, the family's, and the patient's

right, and offers the unfortunate his largest remaining benefit.

Treatment of Benign Cases.—We enter this most practical phase of our study sensing that we face a well-entrenched attitude that the alcoholic is what he is because he chooses so to be. This being so, who can change him but himself? This statement propounds two robust half-truths which we would modify as follows: The alcoholic is what he is because he is a drugged or toxic man, and until given an opportunity to understand his need is usually helpless to save himself.

There is no specific cure for the alcoholic. Unscientific special treatments and the inspiration of the evangelist, punishment and moral suasion, all are founded upon emotional influence. There was no cure for tuberculosis a generation ago; there is none today, but that semi-universal disease is now steadily diminishing as the result of medical understanding. So we rightly anticipate the future lessening of alcoholism, our country's second most serious economic problem. Psychiatry is today facing its solution squarely.

The modern approach is very different from the therapy afforded the drinker even in the near past. Our present understanding of the specific detrimental effects of alcohol upon the central nervous system—compared with which injury to the other organs is negligible—coördinating with applied psychology and revamped psychiatry, has opened entire new vistas for the future care of the addict.

From many angles the specialist makes his approach. Today, each patient represents an individual study.

Nothing is taken for granted. Examinations more extensive than are made by the internist in diagnosing an obscure illness are utilized with added emphasis upon all elements which may have influenced his nervous instability. Indeed any possible element in either heredity or early life and development which could shape the individual's conduct is scrutinized, for the problem of the alcoholic is usually based upon his abnormal reactions. Thorough study is made of the patient's character and his personal assets and liabilities, the value of his accomplishments all along the line and the handicap growing out of his deficiencies. An early grouping is made separating the benign or responsive from the problem or pathologic cases.

Undertaking the care of the simple or benign case is truly a gratification to those who have labored long in the midst of less heartening types. For them, therapy offers much. The physical needs can be handled almost automatically in the well-organized modern institution. Without complication the need, and the desire as well, for drink fades in a few days. In the routine of constructive activities, with acres for cultivation, gardens, hothouses, nurseries, lawns to keep in order, the more rugged demands of active forestry, all amidst the comfortable competition of selected group-companionship, physical improvement comes apace.

In large, alcohol is promptly stopped. Physical deficiencies are painstakingly sorted out and appropriate treatment is instituted. Diet is carefully readjusted and is soon balanced with effort, for the eating habits

of the average alcoholic are ungodly. For months the caloric value of the patient's food-intake will be based upon the amount earned by him through orderly, physical activity. Work will be gradually instituted. Preferably both work and play will be out of doors. At the end of two months, physical well-being is expressed by the comfortable carrying of a daily five-hour gym and occupation schedule with a five-mile hike and one or two hours of competitive sport.

When reasonably dealcoholized, the mental and personality reëducation will be undertaken in daily conferences with trained psychotherapists. Through their influence the whole life's problem as associated with drink is kindly, interestedly, and efficiently unraveled. The principles of mental hygiene are inculcated, the sanity of right thinking, and the righteousness of right feeling made reasonable.

Something is seriously lacking in the educational evolution of any person who succumbs to alcohol. And no acres, nor lawns, nor fields for sport can replace this deficiency. The modern treatment of the alcoholic is reëducational. Under modern regimen the patient finds himself in an atmosphere where every possible reconstructive influence is available. The food he is served, the hours he keeps, his habits of work and play, his use of drugs and tobacco, the attitude of those he meets, and essentially the personal-conference teaching, combine to afford him benefit. In his classwork he will learn the rationale of the modified diet which seems so comparatively light yet upon which he thrives and will gain weight if needed, but

upon which he soon loses all the uncomfortable food-hangovers of autotoxic indulgence.

Discipline is an obnoxious word to most men and women who have allowed license to rob them of liberty. Group treatment softens the idea, and all but the frothy character has pride awakened to do his part in that much in which others find self-forgetfulness.

Sedatives and hypnotics, morphin and its associates, and the multiplied barbiturates—none of these is needed. Tensions of all sorts, including those related to the discontinuance of cigarettes and the inhaling of tobacco, are modified by minute doses of scopolamin. A neutralizing chemical found in castor oil works its near-miracles in relieving depression-threatening autointoxications. From fear of, and resentment to, fatigue, the satisfaction of healthful relaxation attendant upon well-used muscles leads to well-earned sleep that knows no restlessness. This is an early accomplishment of comprehensive therapy.

But we have stepped aside from the unequaled benefits of the personal influence growing out of the daily association of patient with the psychotherapist whose training includes thousands of contacts with hundreds of types, a true teacher, earnest and helpful. Some of this work is in class, but each patient will receive hours of individual guidance during which he is revealed to himself. Many of his preconceptions will be subject to review, and his deficiencies, responsibilities, and the worth of his opportunities will be constructively laid before him.

He will at times leave these conferences smarting

and resentful, for the insistence upon self-understanding is a rigorous one. Time will be given to the righteousness of reality measured by the patient's capacity to comprehend it, his nerve to face it, and his ability to stay with it. Herein we find the crux of the deficiency with many drinkers. It is often a soul at the crossroads the therapist faces as he states without equivocation that the patient may never safely or honestly touch alcohol again, that for him it is total abstinence or failure. To outline clearly the rationale of and teach this ideal convincingly, so convincingly that it becomes part of his student, is the teacher's guiding responsibility.

The number of things the patient himself must do would seem to confirm the skeptic's statement that we termed a half-truth in this section, Who can change him but himself? There is indeed a part which he himself must accomplish. The beloved Dr. Adolf Meyer long has laid upon the alcoholic patient seeking recovery the deep-reaching requirement of possessing the "will to get well." The drinker probably would not have needed to apply for treatment if this determination was his in full measure. Such will as he possesses, however, may become savingly assertive even though it has required multiplied months reinforced by prescribed opportunities to evolve it, especially in an immature personality. Wills do evolve under the direction of guided and continued effort, and when consummated may be imbued with the ideal of self-mastery.

The patient must be led to accept the principles of self-denial which involve not only the determination

to stop whiskey but to divorce himself from other habits which in any wise, at any time, can lead him to alcoholic surrender. Perchance a half-dozen habits should be given up. All this grows into the substance of will, and is the goal of modern treatment. A genuine new start with clear-cut objectives supported by ideals and decisions—such are the possible offerings of today's therapy.

The will to get well will not suffice until to it has been united the will to carry on. When this has been executed, reëducation attains its fulness. It is to the honor of psychiatry today that patients may enter upon a course of treatment disconcerted, confused, and helpless in their hopelessness, to advance from weakness to strength, from stubbornness to determination, from threatened dereliction to students in the fine art of living.

The Management of Pathologic Cases.—We turn from the benign or social drinker and face that much more serious group, the problem or so-called pathologic alcoholic. For these the term addict, serving a master, is clearly applicable. We shall consider four outstanding groupings: the alcoholic allergic, early alcoholic disorganization, the mentally immature, and the mentally deficient.

Let us not enter into even this most serious aspect of treatment hopelessly. Probably for four out of ten diagnosed as pathologic, real benefits are possible; and for most of the balance, custodial, combined with occupational, care proves reconstructively protective.

The nature of the alcoholic allergic has already been sketched. It fits into our barrier theory so reasonably

that a satisfactory treatment-outline is comparatively simple. But the psychiatrist lacks the surgeon's good fortune in the ideal passivity of an anesthetized patient. His problem of diagnosis and therapy details is easier than the surgeon's, but his patient is far from being passive and unresisting. So the actual treatment is complex, very difficult in many instances of spoiled, reckless, defiant, semiresponsible alcoholics.

Scions of outstanding families who possess diplomas certifying years of educational advantages will meet a staff of single-minded, highly-trained experts and assume attitudes of superior knowledge as their problems are presented for academic consideration. They give no ear to wise counsel. With heartless certainty the drug has undermined the capacity of the pathologic alcoholic to benefit from wisdom when opposed to his desires. His hormones are awry, his standards are short-circuited, his emotional reserve edgy—the psychiatrist faces complex psychological disorganization. Emotional irritability, impatience, and willfulness may long refuse to face reasoning logically with any one who suggests release from the increasing grip of habit.

Among numbers of these an effort has been made at self-emancipation with resulting periods of self-control and orderly conduct over weeks and months. Then some situational jam, some depression as often follows an infection or the tension of social pressure, and a retreat of good resolutions will result in a relapse. Even after periods of reconstructive treatment the capacity to hold fast to their attainings wanes. But so long as the sobered man is alive to his need

and expresses a desire for help, so long as there are times of insight, we need not consider such relapses as too discouraging. Returned for supervised care, a new analysis brings to the surface the usually unconscious compromises which existed even throughout the original treatment, or some failure to assume an unequivocal attitude of pride in abstinence, or to maintain the newly acquired emotional maturity as he returned to former influences. Such relapses may prove the needed opportunity to solidify the principles of the therapy. On the other hand, the psychiatrist is unwise who continues to offer his services in the face of a continuing contemptuous spurning of his counsel.

The actual care of the pathologic case calls for intensification along lines of his special need of those methods suggested for the benign type. Emphasis is placed on the principle that all privileges which carry with them opportunities for the slipping of standards are definitely to be earned through weeks of confidence-building coöperation. The work of the psychotherapist is necessarily much more intensive; he leaves no moot element of character-development and conduct-expression untouched.

One idea is kept before the eyes of every pathologic case from the very start: "You have come here to be taught to live without alcohol in any form at any time. We shall utilize every available approach and help which may make it possible for you to live alcohol-free the rest of your life."

A year of professionally directed living, a year of new growth, a year of highly organized tutelage, is usually required to rehabilitate the pathologic alco-

holic. In cases of long indulgence it is often difficult on the day of admission to be certain whether physical disintegration complicates the picture. It may be weeks before it is definitely proven whether we face alcoholic disturbance of function or permanent organic damage. For the average man, some form of physical or mental injury is the rule following ten years of regular drinking. Mentally he has most probably reached that judgment-defect state in which he meets every situation with, "All I need is another drink." The chief interest of his days is creating opportunities for more whiskey. Long since for him the saving hour of self-rescue has passed. Examinations and the laboratory will later reveal the degree of biochemical and psychological damage he has received. Reconstructive treatment may save some part of the man he was, may even restore him to some degree of usefulness, and certainly will find for him new comfort. If he disregards the abstinence warning which will be given him as a judge's sentence, early and hopeless will be his drunkard's lot.

Much we have written, I trust not too wearisomely, of that most perplexing of all the psychiatrist's problems, alcohol and the psychopathic personality. Too frequently I have seen judges on the bench in the midst of their wisdom, confident in their long experience with human nature, practically made sport of by the attractive cleverness, the self-justifying shrewdness, and *sangfroid* of these moral deficients. I have witnessed them dismissed from safe custody to have returned to them responsibilities absolutely foreign to their moral capacity to maintain.

Simple satisfaction is possible to these lives under the hand's weight of directorship; but when allowed to mix their deficiencies with whiskey, evil finds special opportunities in their physical attractiveness, mental cleverness, and spontaneous sociability. They never learn better—they can't. For them as for the more serious psychopathic defectives, treatment is custodial, but should not be undertaken without the protection of legal commitment.

In the franker psychoses, the mingling of alcohol with insanity may at any time be tragic. Cyclic cases passing through a period of normalcy will rapidly revert to an abnormal mental status following a few drinks. The ever interesting, at times attractive, hypomanic not infrequently finds in drink an allurement he makes no effort to resist; and from mild exaltation may be rapidly changed into an assaultive, dangerous alcoholic maniac.

Sometimes a problem presented the psychiatrist is, "Are the patient's insane actions the result of drink or is the alcoholism the symptom of an underlying insanity? Is he insanely drunk or is he insane and drunk?" The tenacity of alcohol's grip upon every grade of mental deficiency must always be kept in mind. But whether as cause or effect, when drink and insanity are combined in one individual, custodial care alone offers safety for the patient, his family, and the community.

There is a list of the unduly susceptible who develop paranoid delusions, epileptoid symptoms, or signs which awaken suspicion of general paralysis. All of these may improve and a few entirely recover when

permanently separated from alcohol and afforded the advantage of rehabilitating treatment.

There are few types of slavery toward which the victim is not resentful or resistant. Not so the alcoholic. Early signs of the drug's dominating mastery are to be recognized when any situation—good luck, bad luck, hot days, cold days, feeling fine or feeling tough—calls for another drink. The signs of chronic alcoholism—obvious tremors, local or generalized, fumbling hands or shuffling, uncertain gait, dimming perception, inability to swallow breakfast until the stomach has been settled, to go to sleep until semi-intoxication quiets, to say nothing of altered attitudes and open disorganization of judgment—shout that he is drink's slave. When in the face of any or all of these shackles the victim resents advice from any source, alcohol has him. He *is* drink's slave. Restoration must be compelled; he cannot now turn for help.

For the alcoholic dement the modern county home or state hospital, in which most communities have reason to take pride, offers a service for which the family should be grateful. Custody supervised by a state welfare board, as it is practically everywhere now, is beneficent; and insofar as the patient is allowed to take such part as he is physically able in the maintenance activities of the institution, it is wisely kind.

Living One's Own Life.—When has one a right to demand that he live on his own? Not until he is prepared so to do. If through the past months or years the facts reveal that life has fallen below this stature;

if one has used funds furnished by others in a home, toward the building and maintenance of which he has offered nothing; if his habits have caused anxiety and shame for his family as they wonder from day to day what humiliating complication will develop next; then, his living is parasitic. One may never reasonably demand that he be on his own until he finds something better to guide his conduct than alcohol. Not until he learns and earns, until he no longer takes without returning, until he so orders his habits that no other being is harmed by, or pays any price of suffering because of, his conduct—only then is he ready to live on his own.

We cannot overemphasize that our patients should be considered as students in the art of living. Probably one of the larger disappointments of the psychoanalyst has been the unsatisfactory record of this school's results in the care of the problem-alcoholic. The more direct appeal of the psychotherapist has proven more efficacious. The two methods utilize in common personal-conference contact. The psychotherapist's approach, however, is clearly frontal. The hours of personal meeting are, as well, combined with other influences working together, each augmenting the other. The completed unit embraces primarily the physical upbuilding directed by the medical man; the social or group benefits utilizing the pragmatic good of sympathetic *camaraderie* and stimulating example; the far-reaching personal analysis, the relating of the patient's normal and abnormal psychologic reactions, and the guiding influence of the trained, understanding mind of the psychotherapist. In our present

knowledge this is a fusion of influences meeting every need.

This modern method is a very far cry from the one-time internationally popular hit-and-miss treatment of the alcoholic in which he was brought into a semi-hotel, given three hypodermics a day and a stomachic every hour. Allowed a bottle of whiskey in his room, he was assured that after the third day his stomach would stand no more liquor, that he would become violently sick if he did not heed the warning. Tartar emetic dissolved in the fourth day's whiskey is tasteless, and the prophecy was fulfilled. Four weeks and the pronouncement, "You are well." A short generation ago this was practically all our profession had to offer.

The time comes when the, let us now consider him, ex-alcoholic can look back without rationalization on the price of a spree; when he can see it in the clear as an economic pure waste of some one's funds, of his or the firm's time; when he comprehends its detriment to health, and knows that the silly, stupid, often revolting experience robs him of nervous reserve. The comparative value of self or the occasion is vividly realized in retrospect. When reasoning has so replaced emotional thinking that the patient is able candidly to look at himself as he was, he is no longer tempted shallowly to laugh it off. Those days are past. Our senior student has accepted the principle—ignored by every drinker—that one never subtracts from himself to beg successfully from the future. He stands on his own, knowing that he himself can rise superior to the cheapening power of any occasion.

Meeting Life's Give and Take.—As the student of conduct-problems has already derived from the foregoing pages, the therapist is guided by three principles in undertaking restitution of all pathologic cases: First, is there a deficiency due to heredity, interference with development, or that resulting from later loss—physical, mental, or both—which underlies the drinker's dilemma? Second, the attempted restoration is made with full understanding of the complexity of the interrelated difficulties and limitations or loss which are to be overcome, and of the necessity of providing for displacement with replacement and growth. And finally, in effecting this there must be a prolonged period of scientifically directed physical rejuvenation preceding or accompanying a most candid self-examination, and specific directional help to readjust the patient to the realities of his entire experience and future needs.

It is passing strange that so many adults have lived through years of advantages and still remain thoughtless as to what their relations to existence may be. Pushed along by the urge of self-importance or lolling in some lap of luxury, life has had little meaning. The chronic alcoholic announces with ejaculatory emphasis that life would mean astonishingly little to him if he had to contemplate future years without a drink. 'Tis a revealing chart the therapist finally makes as he clarifies his patient's self-expressed ideals.

Fifteen thousand dollars is not an unusual investment for a family to make in the education of a son or daughter. A certificate from a preparatory school, a sheepskin from a university, and they are conditioned

for what? An investment which would start an industrious man on the way to success in one of five-score different enterprises in unnumbered cases has but conditioned youth to waste, and now a hospital must give him post-graduate instruction.

We have reviewed the relation of self to the occasion. Which should be the more important? Our therapist would turn another page as he and the young person consider what of worth the latter has to add to the various situations which he meets and must look forward to facing in the life back home. Subtract what drink with its release from standards has contributed and sum up what in the past he was able to accomplish in comparison with his opportunities, and the result is disappointing. Now is the time for him to meet the affairs of his life without any sense of futility and see along what lines he must adjust. It is a fine reward when one senses that the inner growth of the individual he has been striving to help promises that superiority which he feels will be able to face the difficult without any aid of the artificial. What a replacement this of that ineffectual self which relied on the jollying stir of intoxication to crank up a hollow sense of self-importance!

Now teacher and pupil are going places. The laws of self-enlargement prove an inspiration. Repeatedly but wisely, the return must be made to an analysis of the problem-patient's contacts with people. It is rare to find one who does not carry bitterness toward some for whom the normal son or daughter would bear gratitude and devotion. How far has he developed in the ability to work with others? "Tanked up,"

he can sport with them, swap banalities, character defacement, and billingsgate, pleased the while with his chattering self. But this is far afield. The capacity to work in accord and with others fulfills a principle of mature success.

Most jobs are never accomplished save as individuals are welded into groups for some common end. The conference-hours offer an outlet for personal animosities, aversions, and criticisms directed toward others in the work-group. In such periods two people can truly reason together for the enlargement of the needy self. It is resentment toward others possibly more frequently than toward the job that exhibits poverty of emotional generosity. Working with others, mingling self with the needs of the project, and above all, adjusting one's reactions to the merits of the situation form the basis for such capacity for harmony as must replace the inveterate discord and confusion which drink produces.

Now and then a superior personage appears in the flotsam. His soul is fallow soil receptive to every seed of truth. He has, perchance, been denied many of the opportunities which have sifted through the hands of others as dry sand. He comes to conference-hours thirsting. There will be no half way with him. Self-forgetfulness marks his contacts; his hand often finds the other fellow's shoulder. He may be repelled, but feels no surliness. For him it is the best he can make of every reconstruction-hour. No nurse or attendant, nor indeed the best in the psychotherapeutic department, can surpass him in helpfulness with other patients. He is a true brother's keeper. His presence is

a foreordained blessing to every group. In such rare souls the therapist's teaching brings forth manyfold when they go back into the world, apostles of what to them has been a vision as of revealed truth.

Choosing a Better Way.—An outstanding lesson is brought up for class discussion as the question is presented, *How much power of choice in his conduct has one?* This has no place in the earlier weeks—quite too acute are the memories of months or years of periodic impotence to do aught but bow to the beck of drink. We have dealt with a sober man now for many weeks.

The conversation does not go far, however, until the patient remarks, "But, doctor, it is easy to behave here. There isn't much choice left with us."

In response comes a series of queries. "Why do you not slip in contraband as A? Why do you not throw off in gym as B? Why do you not loaf in volley ball as C? Why do you not complain about every meal as E? How is it that you are not promising some attendant a fat check if he will let you get by this or that regulation, as F? What is your reason for not stirring up ill feeling between the boys as G has done? Do you not exercise the power of choice a hundred times each day as you pattern your conduct along the path of your present accepting? Do you not as well realize within yourself the strength to direct your own life in years to come? You have been taught standards of physical habits here quite different from those of your past. You know that you must return home superior to the old environment. Indeed you will return somewhat of a leader in the

finer art of living. The power to choose one's conduct reaches no heights of attainment until one discards his resentment at the word discipline and accepts without cavil that self-government grows out of directional capacity from within. The essence of your cure, the safe vista of your future, is only to be attained through self-discipline."

Life gives prodigally to us all these days in this land, but she keeps an open ledger. Freely, without question, the debits are written during the early years. It is not time yet to expect a balancing. But before the twenties are reached the beginnings of repayment are due, and he who starts to settle his debt soon is on the upward climb; while those who ignore, who turn away from the opportunities to give as they have received, are already slipping. Whatever may be their external polish, inferiority is spreading within. The empty soul turns toward some artifice for satisfaction; and drink is ever opportune. Implacably, life exacts. The subconscious self recognizes the unpaid balance. The ledger does not state that the obligation must be paid in kind, but as self has accepted so shall self give of that portion of ability which is his.

As we enlarge the possible avenues of an approach in this maze of ethical education-deficiency, we recognize that the black and white of the printed page may merge into dull grayness and the work of the counsellor smack of cant or weary with too closely related similarities. Insofar as we do, our book falls short of the capacity of the teacher to mingle the wisdom of his experience and the intensity of his devotion to his chosen life of service with the brightening touches of

his own give and take. Any psychotherapist without the lighting touch of humor should be stood against the wall! All these elements possess life; they are the psychic vitamins of the treatment.

The psychiatrist is coming to think of the trained psychotherapist as possessing an innate capacity for detail, who under his direction multiplies his usefulness, relieves him of countless hours of repetition and discussion of particulars. As important, possibly even more valuable, in the modern evolution of psychiatry than the laboratory technician's detail work in augmenting the efficiency of the internist and surgeon, is that as yet too inadequately utilized adjunct—the psychotherapist.

In these conferences progress follows no unswerving highway, but meanders hither and yon as constructive interest may lead. Out of a clear sky at the opportune hour interrogations may be suggested by the discussion. *What problem did alcohol ever solve in your life? What could ever have been your condition that you stood in need of a daily narcotic? What was your state of mind when you could risk mingling your future with the unpredictable determinants of alcohol?* Each case calls for individualistic approach, and the work is ever new.

The therapist should question the value of the apparent progress that has been made under his leadership if during the later weeks of conference the patient shows irritation or resentment in the face of even the frankest analytic demands. Among the ideals of today's treatment none stands out more clearly than that the most serious objective of this seminar

is the attainment of the patient's emotional maturity.

In developing this maturity there should be a wholesome change in the drinker's attitude toward temperance. From the contemptuous appellations of "joy-killer" and "crepe hanger" and "sob sister," he should give credit for the motive and sympathize with the object of the efforts of temperance advocates. An increased respect for temperance now is his—temperance, the lawful gratification of a normal appetite.

A succession of weeks, possibly months, have slipped by during which the problem-alcoholic's progress was directed along paths which were not of his spontaneous choosing; in fact, his liberties have been restrained. Is it not the dawn of a new day in this man's life when the realization comes that freedom, liberty, license, are all his within the law? Within the law of his mature responsibility to himself, his body, his mind, and his soul; to every living person who has contributed to his development; in recurring thought to any who have gone on whose memories the normal man holds in respect. It is a new day when he takes the physician's hand and says, "Doctor, I have found something better. I know that larger freedom which is founded in my ability to maintain self-discipline."

Insofar as any possible combination of therapeutic influences can incorporate a mature acceptance of life into the warp of any character, that man's problem with alcohol will have been forever solved.

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